Film#G164 Item# 12 4/22/54 emf

MARYLAND 3330

STATE DEPARTMETT OF HEALTH 03307

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bx Towson	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Regester Avenue	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
	STREET ADDRESS (If rural, give location) 5616 Belair Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mr. WAITEKUS ABROMAITIS	April 16th 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	widowed	Apr. 20, 1868	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Tailer		Lithuania	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Anna Jaworski, 5616 Belair Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Advanced Arteriosclerotic Cardio-vascular & Renal Disease	Indefinite.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Bronchitis	Many Years.
	(c) Severe Emphysema	Indefinite.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility and Assimilative Malnutrition.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7 Am 14 Apr, 1954, to 6 pm Apr 16, 1954, that I last saw the deceased alive on 14 Apr, 1954, and that death occurred at 6 00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John C. Hyle	MD.	7527 Belair Rd	4/17/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Apr. 20, 1954	Holy Redeemer Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 17, 1954	R.W.	Leonard J. Ruck,	5305 Harford Road #14

Dr. John Hyle

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03308

3331 CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 Thornhill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Minnesota COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mapleton 60X-3
STREET ADDRESS (If rural give location) Box 245

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (Last) ADAMS

4. DATE OF DEATH: (Month) (Day) (Year) April 30, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: December 6, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Keppers

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-vascular accident — Interval Between Onset And Death: 1/2 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic CVD

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1954, to 4/30, 1954, that I last saw the deceased alive on 4/30, 1954, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold A. Gratt, M.D. 8100 Harford Rd. 5/1/54.

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF May 1, 1954 — NAME OF CEMETERY OR CREMATORY Cronin Funeral Home — LOCATION (City, town, or county) (State) Mapleton, Minnesota

DATE REC'D BY LOCAL REGISTRAR May 1, 1954 — REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street address is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1954
BUREAU V. S.

3314 03309

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Parnes Sta
LENGTH OF STAY (in this place) 74 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 618 Peach Orchard Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Glendale 2 —
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Johnnie	John	AVERY		Apr	11	1954

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Col.	Widow	Jan 1 1881	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farming		Rocky Mount N C.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Calvin Avery	Caroline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Alex Avery.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion. — Interval between onset and death: 2 hrs
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
Apr 11 54 2 P.M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. M. Clemmens M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-15-54	Mt Calvary Cem.	Brooklyn Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-14-54	[illegible]	Calvary Co. Wilson, Hyo Brooklyn Ave	

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3332

CERTIFICATE OF DEATH

03310

Reg. Dist. No. 31

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 703 Anneslie Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 703 Anneslie Rd.

3. NAME OF DECEASED (Type or Print) (First) ESTELLA (Middle) VIRGINIA (Last) AYRES

4. DATE OF DEATH (Month) (Day) (Year) April 27, 1954

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 10/1/1877

9. AGE last birthday 76 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Marsh

14. MOTHER'S MAIDEN NAME Margaret Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Mr. A. D. Ayres - 703 Anneslie Rd., Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Hypertensive Cardio Vascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Hypertrophy & Decompensation

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1950, to April 27 1954, that I last saw the deceased alive on April 27, 1954, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE Laurence C. Post (Degree or title) M.D. ADDRESS 6805 York Rd Baltimore 12 Md DATE SIGNED 4/28/54

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF 4/29/54 | NAME OF CEMETERY OR CREMATORY Onancock, Va. | LOCATION (City, town, or county) (State) Onancock, Va.

DATE REC'D BY LOCAL REG. 4/29/54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 17, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3333 CERTIFICATE OF DEATH

03311
Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN PERRY HALL
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4102 KLAUSMIER RD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. BALTIMORE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY HALL
STREET ADDRESS (If rural give location) 4102 KLAUSMIER RD.

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) M. (Last) BACKOF

4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: APR. 1, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WORK

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHRISTIAN TALKEMEIER

14. MOTHER'S MAIDEN NAME: ELIZABETH L. GROENMEIER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: 213-09-9145

17. INFORMANT & ADDRESS: GERARD BACKOF 1536 SHADYSIDE RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 260X Subarachnoid Hemorrhage — Interval Between Onset And Death 3dys.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral Arteriosclerosis

DUE TO

(c) Diabetes Mellitus + Age

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 4½ yr.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct, 1953 to Apr 7, 1954, that I last saw the deceased alive on Apr 7, 1954, and that death occurred at 4:10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank T. Kasik, Jr. M.D. ADDRESS 9005 Harford Rd DATE SIGNED 4/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 4-12-54. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM. LOCATION (City, town, or county) (State) 4430 BELAIR RD. BALTO., MD.

DATE REC'D BY LOCAL REGISTRAR 4/9/54

REGISTRAR'S SIGNATURE A. N. Pedrick per

24. FUNERAL DIRECTOR Charles L. Zerler ADDRESS 901 S. CONKLING ST. BALTO., 24, MD.

VS. A15

Film#G164 Item# 2
4/26/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

03312

3334 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 20 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Asp — MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Balto. Co.; STREET ADDRESS (If rural, give location) 3218 Clifton Ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) H. (Last) Bartram

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Feb 19 1873

9. AGE: Last Birthday 81 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BANK CLERK

10b. KIND OF BUSINESS OR INDUSTRY: BANKING

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Bartram

14. MOTHER'S MAIDEN NAME: Janet Heron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Acute cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Acute intestinal obstruction

(c): due to right incarcerated right inguinal hernia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION (fractured nose.)

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐ undetermined ☐.*

SIGNATURE (Degree or Title) Jos McKieffer M.D. ADDRESS 1010 Leadenhall Balto DATE SIGNED April 18 54

BURIAL, CREMATION OR REMOVAL (Specify) Burial; DATE OF NEED 4/26/54; NAME OF CEMETERY OR CREMATORY Baltimore Cemetery; LOCATION (City, town, or county) Baltimore (State) MD

DATE REC'D BY LOCAL REG. 4-19-54; REGISTRAR'S SIGNATURE A W Hedrick; 24. FUNERAL DIRECTOR H. Sander & Sons Inc ADDRESS Baltimore ~~Maryland~~ Sex P. Sander

MARYLAND STATE DEPARTMENT OF HEALTH

03313

3335 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6414 Windsor Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Woodlawn
STREET ADDRESS (If rural, give location) 6414 Windsor Mill Rd

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Zwingli (Last) Beam
4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1954

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct 7, 1877
9. AGE last birthday 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY General carpentry
11. BIRTHPLACE (State or foreign country) Carroll County, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Polk Beam
14. MOTHER'S MAIDEN NAME Katherine Ann Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 212-07-9290A
17. INFORMANT AND ADDRESS Mrs. Samuel Beam 6414 Windsor Mill Rd Baltimore 7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Carcinoma of left Lung — Interval Between Onset and Death: 6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION no operation
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1936, to April 16, 1954, that I last saw the deceased alive on April 16, 1954, and that death occurred at 5 55 A.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Joshua H. Armacost M.D. ADDRESS 6419 Windsor Mill Rd Baltimore 7 Md DATE SIGNED 4/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/19/54
NAME OF CEMETERY OR CREMATORY Emery Cem
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 4-17-54
REGISTRAR'S SIGNATURE Augie E. Bonsall
24. FUNERAL DIRECTOR Charles P. Towell ADDRESS

RECEIVED
APR 19
BUREAU V. S.

MARYLAND 3336 03314

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 5 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 3208 CLIFTON AVE

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) B. (Last) Biden

4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1954

5. SEX ♀

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 10/28/1859

9. AGE last birthday 94 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Amos

14. MOTHER'S MAIDEN NAME Cecelia E. Audebert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service) NO

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Mrs J. Celeste Hampton 2111 Garrison Blvd Windsor Ct.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 6 yrs

(c) Generalized Arteriosclerosis — "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abdominal Tumor, Etiology Unk. — 1 yr

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE ..., 1953, to 4/1/..., 1954, that I last saw the deceased alive on 3/31/..., 1954, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arthur M Hanson, M.D. — ADDRESS Spring Grove State Hospital — DATE SIGNED 4/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Apr. 3, 1954 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) Pikesville, (State) Md.

DATE REC'D BY LOCAL REG. 4-2-54 — REGISTRAR'S SIGNATURE A W Hedrick Deputy — 24. FUNERAL DIRECTOR G. Howard Strong — ADDRESS 3207 W. North Ave.,

MARYLAND 3337 03315

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 13yr.9mo.11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 110 Daniels Street, Colmar Manor

3. NAME OF DECEASED (Type or Print): (First) Archie (Middle) (Last) BLACK
4. DATE OF DEATH: (Month) April (Day) 5, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-9-1892
9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber--Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? Scotland

13. FATHER'S NAME: Daniel Black
14. MOTHER'S MAIDEN NAME: Jean McKellar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Fulminating peritonitis and shock — Interval between onset and death: hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Obstructive perforation of ascending colon — hours

(c) Adenocarcinoma at hepatic flexure — 1 year plus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5-54, 1954, to 4-5-, 1954, that I last saw the deceased alive on 4-5-, 1954, and that death occurred at 10:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B. Hermann-Grew M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 4-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE April 7, 1954 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery | LOCATION (City, town, or county) (State) Prince George's Co. Md.

DATE REC'D BY LOCAL REG. 4-6-54 | REGISTRAR'S SIGNATURE V.E. Harry | 24. FUNERAL DIRECTOR Gilbert C. Vincent ADDRESS Washington D.C.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 7
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03316

3338 CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Garrison P.O. — LENGTH OF STAY (in this place): 59 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Valley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Baltimore

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Garrison P.O

STREET ADDRESS (If rural give location): Valley Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) MARSHALL (Last) Bleakley

4. DATE OF DEATH: (Month) Apr (Day) 2 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	White	widowed	22 July 1869	84 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	none.	Ireland.	USA.

13. FATHER'S NAME: Daniel Marshall

14. MOTHER'S MAIDEN NAME: Margaret (unknown)

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	none.	Miss Edith Bleakley, Garrison P.O. Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause: 204.1	(a)	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic myelogenous Leukemia	2 yrs
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic heart disease	5 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none.	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 June, 1953, to 2 Apr., 1954, that I last saw the deceased alive on 2 Apr., 1954, and that death occurred at 5:30 PM., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul H Rouse	M.D.	Pikesville 8 Md	2 Apr 54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	4/6/54	St. Thomas	Garrison Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-5-54	A W Herlich	Wm Cook Inc.	1217 St. Paul St.

JST

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MACSHALL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03317

3339 CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto Co — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7B Beaumont

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
STREET ADDRESS (If rural give location) 7B Beaumont Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) E (Last) Bolster.

4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 1954

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed — 8. DATE OF BIRTH: 1/21/1867 — 9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (even if retired): Domestic — 10b. KIND OF BUSINESS OR INDUSTRY: housewife — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Taylor — 14. MOTHER'S MAIDEN NAME: Sarah La-Barree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: — 17. INFORMANT & ADDRESS: 7-B Beaumont Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: (a) 44 X Pulmonary Edema — 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Auricular Fibrillation — 3 months
DUE TO (c) with decompensation & Cardio-Vascular Renal Disease — 2½ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19, 1950, to 4-26, 1954, that I last saw the deceased alive on 4-26-1954, and that death occurred at 11:05 P.M. from the causes and on the date stated above.
SIGNATURE Julian [illegible] (Degree or title) MD — ADDRESS 805 Frederick Rd — DATE SIGNED 4-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 4/29/54 — NAME OF CEMETERY OR CREMATORY Baltimore County — LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4/29/54 — REGISTRAR'S SIGNATURE H.E. Harry — 24. FUNERAL DIRECTOR — ADDRESS
McDonald & Son
Catonsville Md.

VS. A15

03319

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3340 CERTIFICATE OF DEATH

Reg. Dist. No. 11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Silver Spring Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural, give location) Silver Spring Road

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) C. (Last) BOYDEN

4. DATE OF DEATH: (Month) (Day) (Year) April 26, 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: April 26, 1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handy Man

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George A. Boyden

14. MOTHER'S MAIDEN NAME: Harriet V. Galloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Beatrice Gabell, 212 Morelyn Ave. Bryn Mawr, Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 148X (a) Cancer of Pharynx DUE TO — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Inveterate smoker, morphine addict

19a. DATE OF OPERATION: Operated & treated in University Clinic 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from ..... 19 53, to 4/26, 19 54, that I last saw the deceased alive on 4/25, 19 54, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS 2020 N. Charles St. DATE SIGNED 4/27/54

23. BURIAL, CREMATION REMOVAL (Specify): burial DATE THEREOF 4/29/54 NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery LOCATION (City, town, or county) Pikesville, (State) Maryland

DATE REC'D BY LOCAL REG. 4-27-54 REGISTRAR'S SIGNATURE [signature] Reduced

24. FUNERAL DIRECTOR Wm Cook Inc., ADDRESS 1217 St. Paul Street

one

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3341

Reg. Dist. No. 033290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) Mt. Billow — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 338 Oella Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Billow
STREET ADDRESS (If rural, give location) 338 Oella Ave

3. NAME OF DECEASED: (Type or Print) (First) Fannie (Middle) M (Last) Briscoe

4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Nov 23-1906

9. AGE last birthday: 53 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mt Billow - Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm H. Brown

14. MOTHER'S MAIDEN NAME: Louisa Madden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) —

17. INFORMANT & ADDRESS: Christina Howard - 338 Oella Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Mitral Insufficiency — Interval between onset and death: 5-6 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Pneumonitis (Virus infection) — 14 days

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Thyrotoxicosis ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24-, 1954, to 4-20-, 1954, that I last saw the deceased alive on 4/20/, 1954, and that death occurred at 7.00A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

C. F. Maloney — MD. — 57 Winterbourne Balto-28 — 4/20/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 4-24-54 — NAME OF CEMETERY OR CREMATORY Mt. Zion Cem — LOCATION (City, town, or county) (State) Balto. Co. Md

DATE REC'D BY LOCAL REG. 4-22-54 — REGISTRAR'S SIGNATURE O W Heard

24. FUNERAL DIRECTOR — ADDRESS

Samuel W. Sullivan Jr — 1011 N. Arlington Ave Balto.

03321

MARYLAND 3342 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28 | LENGTH OF STAY (in this place) Since 1-13-33
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owens Mills
STREET ADDRESS (If rural, give location) Pleasant Hill Rd

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) WILSON (Last) BROWN
4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5.29.1898
9. AGE last birthday 55 yrs. | If under 1 year: Months. 10 Days 4 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Never Employed
11. BIRTHPLACE (State or foreign country) USA
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME George W.C. Brown
14. MOTHER'S MAIDEN NAME Edith Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown | (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 4506 Thelma Preston Owings Mills Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X
Immediate cause (a) Carcinoma of Sigmoid Colon — Interval between onset and death: 7 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1954, to April 3, 1954, that I last saw the deceased alive on April 3, 1954, and that death occurred at 1:25 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) J. Alyne Williams M.D. ADDRESS Spring Grove State Hospital DATE SIGNED 4-3-54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE 4/6/54
NAME OF CEMETERY OR ~~CREMATORY~~ Loudon Park
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 4-5-54
REGISTRAR'S SIGNATURE A.W. Hedrick
24. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

3343 MARYLAND STATE DEPARTMENT OF HEALTH 03322

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 23 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Arthur Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 2 Arthur Ave.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) C. (Last) Bruns Sr.

4. DATE OF DEATH: (Month) 4 (Day) 15 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11/4/1893

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt.

10b. KIND OF BUSINESS OR INDUSTRY: Bakery

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Bruns

14. MOTHER'S MAIDEN NAME: Elizabeth Stahlknecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-09-6837

17. INFORMANT AND ADDRESS: Mrs. Anna B. Conkley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X
Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized Carcinomatosis — 9 mos
(c) Carcinoma of Rectum — 2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30, 1953, to 4/15, 1954, that I last saw the deceased alive on 4/14, 1954, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James R. Hunt, M.D. ADDRESS 1945 W. Lafayette Ave., E. Balto., Md. DATE SIGNED

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 4/19/54

NAME OF CEMETERY OR CREMATORY: Cathedral

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 4/15/54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: MacNabb & Son

RECEIVED
APR 20 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03323

3344 CERTIFICATE OF DEATH

Reg. Dist. No. 33-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL PARKTON — LENGTH OF STAY (in this place) NK
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD — COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL
STREET ADDRESS (If rural give location) PARKTON RL

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) HOWARD (Last) BURNS

4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-8-1893

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: FARMER

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): YORK CO. PENNA.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: THOMAS R. BURNS

14. MOTHER'S MAIDEN NAME: JENNIE BARSHINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: R. Webster Burns Stewartstown Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 2 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteria-Sclerosis — 10 yrs.

DUE TO

(c) 450.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7, 1954, to 4-7, 1954, that I last saw the deceased alive on 4-7, 1954, and that death occurred at 2 22, from the causes and on the date stated above.

SIGNATURE (Degree or title) William McFuller M.D. — ADDRESS Stewartstown Pa. — DATE SIGNED 4-8-54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 4-10-54 — NAME OF CEMETERY OR CREMATORY Fawn Grove Meth. — LOCATION (City, town, or county) (State) Fawn Grove, York Co. Pa.

DATE REC'D BY LOCAL REGISTRAR 4/8/54 — REGISTRAR'S SIGNATURE Chester L Fuller

24. FUNERAL DIRECTOR Kenneth W Brehm — ADDRESS Stewartstown Pa

VS. A15

APR 13
BUREAU V. S.

MARYLAND 3345

03324

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. NAME OF DECEASED (Type or Print) MARY VIRGINIA CARROLL

2. DATE OF DEATH APRIL 20, 1954

3. PLACE OF DEATH. A. Baltimore City, Maryland Parkville Balto Co

B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2937 EDGEWOOD ROAD.

c Length of stay in Baltimore 81 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived If institution, give address before admission) A. STATE MARYLAND. B. COUNTY Balto.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE Parkville

D STREET ADDRESS (If rural, give location) 2937 EDGEWOOD ROAD

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH SEPT. 3 1872

9. AGE (In years last birthday) 81 If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) BALTO. MD.

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CHARLES MILES

14. MOTHER S MAIDEN NAME MARY LITZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO NONE

17. INFORMANT Son ADDRESS 2937 Edgewood Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA OF LIVER — INTERVAL BETWEEN ONSET AND DEATH 6 Month.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) HYPERTENSIVE CARDIO-VAS-CULAR DISEASE

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

22. *I hereby certify that I attended the deceased from* JAN. , 1952, *to* APRIL , 1954 *that I last saw the deceased alive on* APRIL 13 1954, *and that death occurred at* 10:30 P.M., *from the causes and on the date stated above.*

23A SIGNATURE Mrs J. Colt M. D.

23B. ADDRESS 3603 Belair Road

23C. DATE SIGNED 4-20-54

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-23-54

24C. NAME OF CEMETERY OR CREMATORY Greenmount

24D LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR 4/22/54

REGISTRAR S SIGNATURE A. M. Bacon

25 FUNERAL DIRECTOR Chas F. Evans & Son ADDRESS 3802 Harford Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PITH UNFADING INK. Every item of information should be carefully supplied. correct age is especint. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03325

2411 N. Charles Street, Baltimore

3322 **CERTIFICATE OF DEATH**

Reg. Dist. No. 4 V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY Baltimore · MARYLAND · CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] · LENGTH OF STAY (In this place) 2 weeks · HOSPITAL OR INSTITUTION OR STREET ADDRESS 2411 [illegible]	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY · CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore · STREET ADDRESS (If rural give location) 4506 [illegible] Road
3. NAME OF DECEASED (Type or Print) (First) CLARA (Middle) E. (Last) CATHELL	4. DATE OF DEATH (Month) April (Day) 23 (Year) 1954
5. SEX F · 6. COLOR OR RACE W · 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) · 8. DATE OF BIRTH 7.5.96 · 9. AGE last birthday 57 yrs. · If under 1 year Months Days · If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] · 10b. KIND OF BUSINESS OR INDUSTRY [illegible] · 11. BIRTHPLACE (State or foreign country) [illegible] · 12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME [illegible] · 14. MOTHER'S MAIDEN NAME [illegible]	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] · (If yes, give war or dates of service) · 16. SOCIAL SECURITY No. [illegible] · 17. INFORMANT Mrs. [illegible]	

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
231X Immediate cause	(a) Cardiac [illegible]	[illegible]
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) previous [illegible]	6 [illegible]
	(c) hypertension	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	[illegible]	

19a. DATE OF OPERATION [illegible]	19b. MAJOR FINDINGS OF OPERATION [illegible]		20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none	(CITY OR TOWN) none	(COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. none	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? none	

22. I hereby certify that I attended the deceased from 2-22-54, 19 54, to 4-23-54, 19 54, that I last saw the deceased alive on 4-23-54, 19 54, and that death occurred at 8:10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Jordan	M.D.	1354 [illegible]	4-26-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/26/54	Glen Haven	Balto.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-26-54	[illegible]	Joseph L. Delaney	130 E. Fort Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 03326

3346 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; MARYLAND LENGTH OF STAY (in this place) 36 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 4113 Glenhunt Road #29

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) J. (Last) CHAMBERS

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 1-5-94

9. AGE last birthday: 60 yrs; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10B. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Lonaconing, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Catherine Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 093-16-5886

17. INFORMANT & ADDRESS: Clin. Rec., Vet. Adm. Hosp., Fort Howard, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 1919

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) CARCINOMA LEFT TONSIL AND LEFT SIDE OF TONGUE WITH METASTASIS TO CERVICAL TRACHEAL

DUE TO

(B) HILAR AND PERIAORTIC NODES, LUNGS, ESOPHAGUS, AND SPINE.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 17 Months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Mar. 3, 1954 to Apr. 8, 1954, and that death occurred at 3:50 AM, from the causes and on the date stated above.

SIGNATURE Irving Freeman

IRVING FREEMAN, M.D.

ADDRESS M. D. VAH, FORT HOWARD, MARYLAND

DATE SIGNED 4-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4-12-54

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 4-9-54

REGISTRAR'S SIGNATURE W W Hedrick

24. FUNERAL DIRECTOR Howard Blight Funeral Home

ADDRESS 6009 Harford Rd. Baltimore 14, Md.

Howard P. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3347 CERTIFICATE OF DEATH

Reg. Dist. No. 03327

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville X; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Hawthorne Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville; STREET ADDRESS (If rural give location) 13 Hawthorne Ave.

3. NAME OF DECEASED: (First) Lillian (Middle) Dawson (Last) Childs

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1954

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Aug. 28, 1869 | 9. AGE last birthday: 84 yrs | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: at home | 11. BIRTHPLACE (State or foreign country): W.Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edgar Dawson | 14. MOTHER'S MAIDEN NAME: Sarah Woodyard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS: Pikesville, Md. Mr. Charles E. Childs-13 Hawkins Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X

IMMEDIATE CAUSE (A) DUE TO Carcinoma of ascending colon — 1 yr

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 June, 1953, to 30 Apr., 1954, that I last saw the deceased alive on 29 Apr., 1954, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE Paul H Royer M.D. ADDRESS Pikesville 8 Md. DATE SIGNED 30 Apr 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5/3/54 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. | LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 5-3-54 | REGISTRAR'S SIGNATURE R W Hadaway | 24. FUNERAL DIRECTOR Wm. J. Dickman & Sons. | ADDRESS Balto 17 Md.

MARYLAND

STATE DEPARTMENT OF HEALTH

3348

CERTIFICATE OF DEATH

03328

Reg. Dist. No. 20

1. PLACE OF DEATH
COUNTY DALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 2 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 724 GARDON RIDGE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTERN PORT
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) CAVETT (Last) CLEAVER

4. DATE OF DEATH (Month) APRIL (Day) 16 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH MAY 2, 1891

9. AGE last birthday 62 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY GROCERIES

11. BIRTHPLACE (State or foreign country) OHIO

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JAMES A. CLEAVER

14. MOTHER'S MAIDEN NAME ELIZ. CAVETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS George D. Cleaver. 724 Gardon Ridge Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) CORONARY OCCLUSION

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIO-SCLEROTIC CARDIO-

(c) VASCULAR DISEASE & ANASARCA

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/28, 1953 to 4/16, 1954, that I last saw the deceased alive on 4/16, 1954, and that death occurred at 11:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE 4-17-54

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Westernport Md.

DATE REC'D BY LOCAL REG. 4/16/54

REGISTRAR'S SIGNATURE T. E. Harvey

24. FUNERAL DIRECTOR George A. Farley. ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

03329

3349

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Freeland; MARYLAND; LENGTH OF STAY (In this place) 6½ yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Freeland; STREET ADDRESS (If rural, give location) Ridge Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) B. (Last) Cochran

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 16 1907

9. AGE last birthday: 47 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Press Operator

10b. KIND OF BUSINESS OR INDUSTRY: Plastic Moulding

11. BIRTHPLACE (State or foreign country): Petersburg W. Va.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: W. C. Cochran

14. MOTHER'S MAIDEN NAME: Elizabeth Hutton.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 180-09-4237

17. INFORMANT AND ADDRESS: Charlotte Cochran Freeland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ___ OR CONTRIBUTING ___ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☑, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. M. France M.D. Parkton Md 4/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 2 1954

NAME OF CEMETERY OR CREMATORY: New Freedom Cemetery

LOCATION (City, town, or county) (State): New Freedom, Penna.

DATE REC'D BY LOCAL REG.: May 2 1954

REGISTRAR'S SIGNATURE: Roberta L. Fuelon

24. FUNERAL DIRECTOR: Jacob Bortenstein

ADDRESS: New Freedom Pa

MAY 1954
BUREAU U. S.

Film#G164 Item# 9
4/26/54 emf

4/1111

3350

·03330

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Severn (Middle) Asbury (Last) Collins

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-25-1879

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Severan A. Collins

14. MOTHER'S MAIDEN NAME: Emma Rodgers Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) Cardiac failure

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic heart disease
(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May ..., 19 52, to April 13, 19 54, that I last saw the deceased alive on April 13, 19 54, and that death occurred at 7:A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Stella Wachsler, M.D. Spring Grove State Hospital 4/13/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: April 16-1954
NAME OF CEMETERY OR CREMATORY: London Park
LOCATION (City, town, or county) (State): Frederick Co Md

DATE REC'D BY LOCAL REG. 4-20-54
REGISTRAR'S SIGNATURE: A. W. Hedrick LL
24. FUNERAL DIRECTOR ADDRESS: Bernard C Hall 1000 S PACA St.

MARYLAND 2351

STATE DEPARTMENT OF HEALTH

03331

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3109 Texas Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 3109 Texas Avenue

3. NAME OF DECEASED (Type or Print): (First) Mr. James (Middle) Francis (Last) COLLURAFICI Collurafici

4. DATE OF DEATH: (Month) April 1st (Day) (Year) 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 18, 1908

9. AGE last birthday: 45 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Sparrows Pt

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Salvatore Collurafici

14. MOTHER'S MAIDEN NAME: Rosalie Buccheri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-03-9300

17. INFORMANT AND ADDRESS: Mrs. Mary Lou Collurafici, 3109 Texas Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) .. Carcinoma of Cecum. c

Antecedent cause(s) Generalized Metastasis.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... (c)...

INTERVAL BETWEEN ONSET AND DEATH: 1 yr 5 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1952

19b. MAJOR FINDINGS OF OPERATION: Ca of Cecum.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1952, to April 1, 1954, that I last saw the deceased alive on Mar 30, 1954, and that death occurred at 1:55P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F.B. Stevens M.D. ADDRESS 3400 Eudowood Ave. DATE SIGNED 4/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Apr. 8, 1954 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG: Dec 3rd 1954 — REGISTRAR'S SIGNATURE: RW.

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

34.

8-11-52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03332

3352

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 42 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Northampton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake
STREET ADDRESS (If rural give location) Box 42

3. NAME OF DECEASED: (Type or Print) (First) ALFRED (Middle) O. (Last) COTTRELL

4. DATE OF DEATH (Month) April (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-24-20

9. AGE last birthday 33 yrs
IF UNDER 1 YEAR: Months ... Days ...
IF UNDER 24 HRS.: Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Factory

11. BIRTHPLACE (State or foreign country): Chesapeake, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Dennis Cottrell

14 MOTHER'S MAIDEN NAME: Henrietta Nottingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 225-22-8525

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

20.0

IMMEDIATE CAUSE (A) RETICULUM CELL SARCOMA, GENERALIZED — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 18, 1954 to Apr. 29, 1954 that I last saw the deceased on April 29, 1954, and that death occurred at 10:10 AM, from the causes and on the date stated above.

SIGNATURE F. G. Dickey — ADDRESS — DATE SIGNED

FRANCIS G. DICKEY, M.D. Chief, Medical Service VAH, FORT HOWARD, MARYLAND 4-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 4-30-54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Virginia

DATE REC'D BY LOCAL REGISTRAR 5-3-54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS Arlington S. Phillips, 1808 N. Monroe St. Baltimore 17, Md.

SHIPPED TO: Holland Funeral Home (Cheriton, Va.) Cape Charles, Virginia

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3353 CERTIFICATE OF DEATH

Reg. Dist. No. 03333

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Pikesville 8
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Pikesville
LENGTH OF STAY (in this place) 75 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
STREET ADDRESS (If rural give location) Church Lane

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Edgar (Last) Crusey
4. DATE OF DEATH: (Month) 4 (Day) 7 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-19-1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Builder
10b. KIND OF BUSINESS OR INDUSTRY: Homes
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jordan Crusey
14. MOTHER'S MAIDEN NAME: Catherine Hambright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Lina Josie Rodgers Crusey - Pikesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Leucheamia — Interval Between Onset And Death: 6 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) arteria - sclerosis — 10 yrs.

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1930, to Apr 2, 1954, that I last saw the deceased alive on Apr 2, 1954, and that death occurred at 7 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Palmer F C Williams M.D. ADDRESS Pikesville Md. DATE SIGNED Apr. 7. 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/10/54
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) Pikesville (State) Md
DATE REC'D BY LOCAL REGISTRAR 4/10/54
REGISTRAR'S SIGNATURE H E Nichols
24. FUNERAL DIRECTOR Frank H Ward & Son - Pikesville Md
ADDRESS

VS. A15

APR 13 1954

BUREAU V. S.

Item 13 Film G166
5/26/5[illegible] cm

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03334

3354

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 216 N. BEAUMONT AVE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
STREET ADDRESS (If rural, give location): 216 N. BEAUMONT AVE

3. NAME OF DECEASED (Type or Print): (First) OLIVIA (Middle) M. (Last) CULLEN

4. DATE OF DEATH: (Month) APRIL (Day) 30 (Year) 1954

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW | 8. DATE OF BIRTH: APR. 2, 1859 | 9. AGE last birthday: 95 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W. | 10b. KIND OF BUSINESS OR INDUSTRY: O.H. | 11. BIRTHPLACE (State or foreign country): BALTIMORE | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown DURDING | 14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: MRS CATHERINE CULLEN, 216 BEAUMONT AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C V D

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mary., 19[illegible], to April 29, 1954, that I last saw the deceased alive on April 29, 1954, and that death occurred at 6A m., from the causes and on the date stated above.

SIGNATURE: J. Pound (Degree or title) MD ADDRESS 3325 Frederick Ave. DATE SIGNED 4/21/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	APR. 22/54	NEW CATHEDRAL	BALTO. MD.

DATE REC'D BY LOCAL REG. 4-21-54 | REGISTRAR'S SIGNATURE: A W Helmes | 24. FUNERAL DIRECTOR: Harry A. Whitlow | ADDRESS: 4101 EDMONDSON AVE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03335

3323 CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 Hillendale Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural give location) 204 Hillendale Ave

3. NAME OF DECEASED: (Type or Print) (First) Roselie (Middle) E. (Last) Davis

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 19 54

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1/4/1891

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Collar Setter

10b. KIND OF BUSINESS OR INDUSTRY: Townley Shirt

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Liddard

14. MOTHER'S MAIDEN NAME: Mary Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: Mr John E. Liddard 107 Smithwood Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure — Interval Between Onset And Death: 72 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c) Arteriosclerotic cardiovasc. disease — Interval Between Onset And Death: Unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2 ..., 1954, to 4-7 ..., 1954, that I last saw the deceased alive on 4-7 ..., 1954, and that death occurred at 655 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen Cas Magness MD — ADDRESS Catonsville, Md — DATE SIGNED 4-8-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/10/54 — NAME OF CEMETERY OR CREMATORY New Cathedral Cem — LOCATION (City, town, or county) (State) 4300 Old Frederick Ave

DATE REC'D BY LOCAL REGISTRAR 4-9-54 — REGISTRAR'S SIGNATURE a w Redmond — **24.** FUNERAL DIRECTOR John J. Cowan & Son — ADDRESS 90 Dolling

MARYLAND STATE DEPARTMENT OF HEALTH

3355 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03336

Reg. Dist. No. 3

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville — LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Providence Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS Providence Road (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Nettie (Middle) Jessop (Last) Dawson
4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH Jan. 17, 1891
9. AGE last birthday 63 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Private family
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Peter Pelegrin
14. MOTHER'S MAIDEN NAME Inga Ursin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 220-18-7439
17. INFORMANT AND ADDRESS 1685 York Rd. Mr. Ed. Dawson, Husband, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Pellinto H. Hudson (Degree or title) M.D. ADDRESS Towson Md. DATE SIGNED 4/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 4/8/1954 — NAME OF CEMETERY OR CREMATORY Greenmount Crematory — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. April 7, 1954 — REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS John Burns' Sons, Towson, Md.

APR 8
U V. S.

MARYLAND 3356

03337
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 9yr. 3mo. 26days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
STREET ADDRESS (If rural, give location) 332 Southern Avenue

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elizabeth (Last) Day

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-14-1886

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick Rallon

14. MOTHER'S MAIDEN NAME: Catherine Carmody

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records of Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Gangrene of right leg & arteriosclerotic heart disease 17 days
(c) Generalized arteriosclerosis Years

902.7

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left hip 4 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 23, 1953 9:30a.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Slipped off side of bed and sat down hard on floor

22. I hereby certify that I attended the deceased from 11-23-, 1953, to 4-2-, 1954, that I last saw the deceased alive on 4-1-54, 19, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ethel B. Hermann Asst MD Spring Grove State Hospital 4-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 4yr 2, 1954
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Wash., D.C.

DATE REC'D BY LOCAL REG. 4-2-54
REGISTRAR'S SIGNATURE: V.E. Harry

24. FUNERAL DIRECTOR: J. Wm Lee Sons Co — ADDRESS: Wash, D.C.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03338

3357

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Glenarm Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
STREET ADDRESS (If rural, give location) Glenarm Rd.

3. NAME OF DECEASED (Type or Print) (First) Sister Mary (Middle) Justiniana (Last) Dickert

4. DATE OF DEATH (Month) April (Day) 21 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH March 12 1871

9. AGE last birthday 83 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher

10b. KIND OF BUSINESS OR INDUSTRY Religious

11. BIRTHPLACE (State or foreign country) Newark N. Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME John Dickert

14. MOTHER'S MAIDEN NAME Amelia Weisbecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Sr. Mary Clara Notch cliff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary infarct due to Lobar Pneumonia — Interval between onset and death: 3 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auricular Fibrillation — 6 "

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1953., to April 21., 1954., that I last saw the deceased alive on April 20., 1954., and that death occurred at 6.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. Mallon F. O'Donnell MD 7501 York Rd. 4-21-54.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF 4-23-54

NAME OF CEMETERY OR CREMATORY VILLA MARIA CEM.

LOCATION (City, town, or county) (State) NOTCH CLIFF NR TOWSON

DATE REC'D BY LOCAL REG. 4-22-54

REGISTRAR'S SIGNATURE a w Hedrick

24. FUNERAL DIRECTOR Charles L. Zeiler ADDRESS 901 S. Conkling St. Balto. 24, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The color is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03339

3358

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 9653 Belair Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) 9653 Belair Rd

3. NAME OF DECEASED (Type or Print): (First) Gottleib (Middle) H (Last) Dietz

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec 15 - 1883

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farm

10b. KIND OF BUSINESS OR INDUSTRY: own Farm

11. BIRTHPLACE (State or foreign country): Balto Co md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Dietz

14. MOTHER'S MAIDEN NAME: Katherine Pilhofer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs G.H Dietz 9653 Belair Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerotic Heart Dis. — 6 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/12, 19 54, to 4/24, 19 54, that I last saw the deceased alive on 4/24, 19 54 and that death occurred at 2:05 P. m., from the causes and on the date stated above.

SIGNATURE: Clifford F. Hudson M.D. (Degree or title) ADDRESS: York, Md. DATE SIGNED: 4/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/27/54

NAME OF CEMETERY OR CREMATORY: St Michaels Lutheran Cem

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 4-26-54

REGISTRAR'S SIGNATURE: W.M. Hammett

24. FUNERAL DIRECTOR: Lassahn Funeral Home

ADDRESS: 7401 Belair Rd

RECEIVED
MAY 3 1954
BUREAU V. S.

2359

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03340 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6107 Liberty Heights Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockdale
STREET ADDRESS (If rural, give location) 6017 Liberty Hgts. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) L. (Last) Dowling
4. DATE OF DEATH (Month) April (Day) 10 (Year) 19 54
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov. 1887
9. AGE last birthday: 66 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Leimbach
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Elmer Dowling - 6107 Liberty Hgts. Av

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (592 X)	(a) Decompensated Hypertensive C-V. Disease	1 yr.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chr. Nephritis	2 yrs.
DUE TO	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: none
19b. MAJOR FINDING OF OPERATION: none.
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. none
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY none.
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY none. M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? none.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A. D. Taylor M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/13/54	Woodlawn Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-12-54	Wm. Fredrick Deputy	Wm. J. Tickner & Sons	Balto 17, Md.

5-5-53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

03341

2411 N. Charles Street, Baltimore

3360

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Balto. County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8326 Wyton Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. City
STREET ADDRESS (If rural, give location) 209 S. Chester St.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) John (Last) Drenga

4. DATE OF DEATH (Month) April (Day) 17 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 10, 1874

9. AGE last b[illegible] 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lobber

10b. KIND OF BUSINESS OR INDUSTRY Foundry

11. BIRTHPLACE (State or foreign country) Poland

12. CITIZEN OF WHAT COUNTRY U.S.A

13. FATHER'S NAME John Drenga

14. MOTHER'S MAIDEN NAME Mary Wydro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Frances Barczak 8326 Wyton Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C.V. disease — Interval between onset and death: 20 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Myocardial Infarction — 3 months
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy

19a. DATE OF OPERATION 3-23-54

19b. MAJOR FINDINGS OF OPERATION BPH

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 19 54, to 4-13, 19 54, that I last saw the deceased alive on 4-13, 19 54, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Melvin Carey, M.D. ADDRESS 1014 St Paul St DATE SIGNED 4-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4/20/54 | NAME OF CEMETERY OR CREMATORY St. Stanislaus | LOCATION (City, town, or county) (State) Balto. City Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. S. Fialkowski ADDRESS 2007 Eastern Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2361 CERTIFICATE OF DEATH

03342
Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Wilson, Md.
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1400 William Street ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Gordon (Last) Duffey
4. DATE OF DEATH: (Month) 4 (Day) 23 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/24/1887
9. AGE Last birthday: 67 yrs. IF UNDER 1 YEAR: Months 1 Days 28 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-09-7602
17. INFORMANT & ADDRESS: (Daughter) Mrs. Marjorie Purdy, 1515 Marshall St. Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchiogenic Carcinoma of the Lung — Interval Between Onset And Death: Approx. 2 weeks (?)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Pulmonary Tuberculosis; Far Advanced
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 19 54 to 4/23, 19 54, that I last saw the deceased alive on 4/23, 19 54, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William Newcomer M.D., Superintendent Mt. Wilson, Md. 4/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/26/54
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Brooklyn, Anne Arundel Co. Md.
DATE REC'D BY LOCAL REGISTRAR: 4/26/54
REGISTRAR'S SIGNATURE: Helen M. Klein
24. FUNERAL DIRECTOR ADDRESS: John F. Denny, Inc., 715 Light St. Baltimore, Md.

RECEIVED
Apr 30 1954.
BUREAU V.

2362

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (Reg. Dist.) 03343

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 32

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE
LENGTH OF STAY (in this place) 30yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 WALDRON AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN PIKESVILLE.
STREET ADDRESS (If rural, give location) 17 WALDRON AVE

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) FLENCY (Last) DUKE

4. DATE OF DEATH (Month) (Day) (Year) 4 - 8 - 1954

5. SEX: FEMALE **6. COLOR OR RACE:** WHITE **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** MARRIED **8. DATE OF BIRTH:** AUG 4-1880 **9. AGE last birthday:** 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): HOUSEWIFE **10b. KIND OF BUSINESS OR INDUSTRY:**

11. BIRTHPLACE (State or foreign country): WILKENSBURG - PA. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: PATRICK DORAN

14. MOTHER'S MAIDEN NAME: MARY — UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: RAYMOND A DUKE - PIKESVILLE, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Cerebral Vascular accident — 40 min.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive C-V. Disease — 5 yrs.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19a. DATE OF OPERATION: None. **19b. MAJOR FINDING OF OPERATION:** None. **20. AUTOPSY?** Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY None. **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None. M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?** None.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-8-1954.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL **DATE THEREOF** 4-10-54 **NAME OF CEMETERY OR CREMATORY** ST. CHARLES **LOCATION** (City, town, or county) PIKESVILLE, Md (State)

DATE REC'D BY LOCAL REG. 4/10/54 **REGISTRAR'S SIGNATURE** R. C. Whitely **24. FUNERAL DIRECTOR** Frank H. Maurer **ADDRESS** Pikesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

APR

MARYLAND STATE DEPARTMENT OF HEALTH

3368 2411 N. Charles Street, Baltimore 03344

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Della; LENGTH OF STAY (in this place) 90 yrs; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hollow Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Della; STREET ADDRESS (If rural give location) Hollow Road

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) WILLARD (Last) DYKES

4. DATE OF DEATH: (Month) April (Day) 27, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 4 1863

9. AGE last birthday: 90 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Woolen Mill

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Dykes

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 212-12-2201

17. INFORMANT: Miss May Dykes Della, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) —

(c) Arteriosclerotic Cardio-Vascular Disease — 5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 19 49, to April 27, 1954, that I last saw the deceased alive on April 26, 1954, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE: William F. Sweeney (Degree or title) M.D ADDRESS Ellicott City, Md. DATE SIGNED 4/27/54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: April 30, 1954. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG. 4/28/54 REGISTRAR'S SIGNATURE E. E. Harry

24. FUNERAL DIRECTOR: Easton Bond ADDRESS Catonsville 28, Md.

VS. A15

RECEIVED
APR 20 1954
BUREAU OF

03345

MARYLAND 3364 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTO. RIDGEWAY, MANOR MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO. (RURAL) | LENGTH OF STAY (In this place) 2 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RIDGEWAY MANOR

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY F-Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) Myersville 10x-1

3. NAME OF DECEASED (Type or Print): (First) VALLIE (Middle) GREVE (Last) ELDRIDGE
4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 19[illegible]
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 4-11-1872
9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hr: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MARYLAND WASH. CO
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: WILLIAM LANDIS
14. MOTHER'S MAIDEN NAME: CHRISTINA. GREVE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N.A. (If year, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS: W. B. RLEIGH 5743 EDMONDSON AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH: 48 HRS.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CARDIAC FAILURE — 1 yr.

(c) A.S.C.V.D.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ..., 19 53, to 4-26 ..., 19 [illegible], that I last saw the deceased alive on 4-25 ..., 19 [illegible], and that death occurred at 4:30 A. m., from the causes and on the date stated above.

SIGNATURE Howard V. Hauck (Degree or title) M.D. ADDRESS 4444 LIBERTY RD. DATE SIGNED 4-26-54 P.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE APR. 28, 1954
NAME OF CEMETERY OR CREMATORY MT. ZION U.B.
LOCATION (City, town, or county) MYERSVILLE. (State) MD.

DATE REC'D BY LOCAL REG 4-27-54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR PAUL F. BITTLE ADDRESS MYERSVILLE MD.

MARGIN RESERVED FOR BINDING

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3365

CERTIFICATE OF DEATH

03346

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: BALTIMORE
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OVERLEA
   LENGTH OF STAY (in this place): MARYLAND
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7010 BEECH AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MARYLAND COUNTY: BALTO.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OVERLEA
   STREET ADDRESS (If rural give location): 7010 BEECH AVENUE

3. NAME OF DECEASED: (First) HOWARD (Middle) AUGUSTIN (Last) FARLEY (Type or Print)

4. DATE OF DEATH: (Month) APRIL (Day) 26 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT. 26 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ELECTRICAL

10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John FARLEY

14. MOTHER'S MAIDEN NAME: MARGARETA BROWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES (If Yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: BESSIE FARLEY, 7010 BEECH AVENUE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMATOSIS — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma of Stomach — Interval Between Onset And Death: 1 year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 22, 1954

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1954, to April 26 1954, that I last saw the deceased alive on 4/25, 1954, and that death occurred at 12:05 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Michael J. Dausch M.D. ADDRESS: 4636 Belair Road DATE SIGNED: 4/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 4/29/54

NAME OF CEMETERY OR CREMATORY: PARKWOOD CEMETERY

LOCATION (City, town, or county) (State): PARKVILLE, MD.

DATE REC'D BY LOCAL REGISTRAR: 4-26-54

REGISTRAR'S SIGNATURE: A.W. Hedrich

24. FUNERAL DIRECTOR: Wm. Cook, Inc. ADDRESS: 1217 ST. PAUL ST.

dmr.

3366

03347
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Phila Rd (Davis Elton)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
ADDRESS [redacted] (If rural, give location) 27 S. Robinson St

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Rosalie	Viola	Ferro	Apr.	11	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	Sept 17 1931	22 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk	Typist Southern Ford Co.	Balto. Md	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel J. Ferro	Mae J. Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	219-21-0172	Saml. J. Ferro, (Father) 27 S. Robinson St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
833X Immediate cause	(a) Multiple fracture lower jaw. DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Fractured base skull DUE TO	
	(c) Deep laceration chin & face	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
		Old Phila Rd	Balto.	Md

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED While at work ☐	Not while at work ☑	21f. HOW DID INJURY OCCUR?
Apr	11	54	2:45 A.M.			Auto accident. Driver one year.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [redacted] CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

M. D.

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-14-54	Carlton	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-13-54	Dr Hedrick	John C. Miller Inc.	2431 E. Oliver St.

VS. A15A - 5 - 53

3367

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05257

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODLAWN (RURAL)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOLLOFIELD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODLAWN — RURAL
STREET ADDRESS (If rural, give location) HOLLOFIELD

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) HENRY (Last) FRANCE

4. DATE OF DEATH: (Month) APRIL (Day) 11 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER

8. DATE OF BIRTH: 9-19-1868

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: FARMER.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HENRY FRANCE

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: JACOB FRANCE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension.

(c) Arteriosclerotic Cardio Vascular disease

INTERVAL BETWEEN ONSET AND DEATH: 7 days

443X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7, 1954, to 4/11, 1954, that I last saw the deceased alive on 4/10, 1954, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE: Edwin G Bierhaus (Degree or title) M.D. ADDRESS: 8204 Liberty Rd, Balto 7, Md. DATE SIGNED: 4/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 4-14-54

NAME OF CEMETERY OR CREMATORY: Good Shepherd

LOCATION (City, town, or county) (State): Ellicott City Md.

DATE REC'D BY LOCAL REG.: 4-12-54

REGISTRAR'S SIGNATURE: John B Leighton Pro. R.E.R.

24. FUNERAL DIRECTOR: F.C. HIGINBOTHOM, ELLICOTT CITY, Md. ADDRESS

RECEIVED
JUN 16 1
BUREAU V. S.

MARYLAND 3368 03348

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore (Dundalk)
STREET ADDRESS (If rural, give location): 20 Cove Road #22

3. NAME OF DECEASED (Type or Print): (First) LAWRENCE (Middle) B. (Last) FRANCE

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-10-96

9. AGE last birthday: 57 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Industrial Bldg

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles France

14. MOTHER'S MAIDEN NAME: Eleanor Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm. Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541 X

Immediate cause (a) SUBACUTE NEPHRITIS — Interval between onset and death: UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Apr. 10, 1954, to Apr. 15, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 9:05 P. m., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift (Degree or title) M.D. ADDRESS: VAH, FORT HOWARD, MARYLAND DATE SIGNED: 4-16-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: April 19-1954 | NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4-19-54 | REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Howard Blight Funeral Home ADDRESS: 6009 Harford Rd. Baltimore 14, Maryland Michael T. Blight

VST

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03349

3369 CERTIFICATE OF DEATH

Reg. Dist. No. 49

1. PLACE OF DEATH:
COUNTY BALTIMORE 19 MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SPARROWS POINT
LENGTH OF STAY (In this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD 10 NORTH POINT ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE AS IN COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) # 1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) TORSCH (Last) GORSUCH

4. DATE OF DEATH: (Month) APRIL (Day) 1, (Year) 19 54

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 4 1869
9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10B. KIND OF BUSINESS OR INDUSTRY: TRUCK FARMING
11. BIRTHPLACE (State or foreign country): BALTIMORE COUNTY, MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM S. GORSUCH
14. MOTHER'S MAIDEN NAME: MARTHA A. SUTTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: CLARA GORSUCH(WIFE) address as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 422.1 (A) Myocardial failure — Sudden

ANTECEDENT CAUSE (S) DUE TO Chronic senile myocarditis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) and generalized arteriosclerosis — 10 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Decubitus ulcers — 4 weeks

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 8, 1944, to Apr. 1, 1954, that I last saw the deceased alive on Mar. 31, 1954, and that death occurred at 9.20 A M, from the causes and on the date stated above.

SIGNATURE Louis N. Hollin. M.D. ADDRESS 6908 North Point Rd. Balt-19- DATE SIGNED Apr. 1, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/3/54
NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.
LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 4-3-54
REGISTRAR'S SIGNATURE
FUNERAL DIRECTOR Wm. J. Tickner & Sons
ADDRESS Baltimore, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

3370 03350

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorchester Hghts
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2210 Smithson

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dorchester Hghts
STREET ADDRESS (If rural, give location) 2210 Smithson

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) P (Last) Gretz
4. DATE OF DEATH (Month) (Day) (Year) 4-8-1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 4-23-1882
9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Balto Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Roberta Gretz 2210 Smithson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Pneumonia	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Jos. M. Kieffer M.D. Deputized Elam M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED April 8, 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4-12-54
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem
LOCATION (City, town, or county) (State) 4430 Belair Rd
DATE REC'D BY LOCAL REG. 4-9-54
REGISTRAR'S SIGNATURE A W Heckmann
24. FUNERAL DIRECTOR John J. Cowan & Son
ADDRESS 29 Collins St.

VS. A15A - 5 - 53

3371

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 03351

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 43 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 908 Frederick Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 908 Frederick Rd

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Frederick (Last) Grim

4. DATE OF DEATH (Month) April (Day) 25 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 29 1910

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Meat cutter

10b. KIND OF BUSINESS OR INDUSTRY: Packing Plant

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick C Grim

14. MOTHER'S MAIDEN NAME: Catherine Baer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213098413

17. INFORMANT & ADDRESS: Mrs Isabel Grim 908 Frederick Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure (acute)

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Diabetes Mellitus

DUE TO

(c) Cirrhosis of the Liver

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. L. McKieffer M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED April 26 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4-28-54

NAME OF CEMETERY OR CREMATORY Druid Park

LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REG. 4 27 54

REGISTRAR'S SIGNATURE T. E. Harry

24. FUNERAL DIRECTOR ADDRESS Easton Inc Catonsville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RECEIVED
APR
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03352

3372 CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md
LENGTH OF STAY (in this place) 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 918 Overbrook Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Emma (Last) Groves

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1954

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 8. DATE OF BIRTH: June 17-1880 9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months 10 Days — IF UNDER 24 HRS. Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home mfe 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Baltimore Md 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Abraham Hoover 14. MOTHER'S MAIDEN NAME: Mary Ann Bupter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT & ADDRESS: Laura M. Schroeder, Masonic Home

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
IMMEDIATE CAUSE (A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension DUE TO — over 1 year
260X (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — over 1 year

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B PLACE (Home, farm, factory, DF INJURY street, office bldg., etc. 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ... , 1953 to April 30 1954 that I last saw the deceased alive on April 30, 1954 and that death occurred at 5:25 P. M, from the causes and on the date stated above.
SIGNATURE Walter T. Kerr M.D. ADDRESS Cockeysville Md DATE SIGNED 4/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial DATE THEREOF 5-3-54 NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/30/54 REGISTRAR'S SIGNATURE Laura M. Schroeder 24. FUNERAL DIRECTOR Loring Byers ADDRESS 5005 Park Heights Ave

RECEIVED
MAY 3 1954
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33 ... Reg. No. 03353

3373

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
MARYLAND
LENGTH OF STAY (in this place) 1 yr 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROSEWOOD SCHOOL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 353 Whitfield Road

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Edward (Last) Gulley

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-31-48

9. AGE last birthday: 5 1/12 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Frederick Gulley

14. MOTHER'S MAIDEN NAME: Eileen Stanard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 473X (a) Cardiac Failure — Interval Between Onset And Death: 1 hr

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) Bronchitis - Bronchitis — 5 days

DUE TO

(c) Diarrhoea — 48 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Palsy — Congenital

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 19 54, to Apr. 1, 19 54, that I last saw the deceased alive on Apr. 1, 19 54, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE Viola B. Johns (Degree or title) M.D. ADDRESS Rosewood State Training School DATE SIGNED 4-1-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF APR. 3. 1954 — NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL — LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE REC'D BY LOCAL REGISTRAR 4-3-54 — REGISTRAR'S SIGNATURE Mary B. Eline — 24. FUNERAL DIRECTOR Harry H. Weitz — ADDRESS 4101 EDMONDSON AVE.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 033514

3374 CERTIFICATE OF DEATH Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bacon Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
STREET ADDRESS (If rural give location) Bacon, Rd.

3. NAME OF DECEASED: (Type or Print) (First) Maude (Middle) A. (Last) Harris

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 22. 1882

9. AGE Last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Private family

11. BIRTHPLACE (State or foreign country): White Hall, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Smith

14. MOTHER'S MAIDEN NAME: Matilda Jones

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hazel Butler White Hall, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4 4 2X
Immediate cause (a) Cardio-Vascular-renal disease — Interval Between Onset And Death
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 40, to Apr. 26, 19 54, that I last saw the deceased alive on Apr. 25, 19 54, and that death occurred at 6 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
T. M. France M.D Parkton Md 4/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/29/54 NAME OF CEMETERY OR CREMATORY Pine Grove LOCATION (City, town, or county) White Hall, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 4-28-54 REGISTRAR'S SIGNATURE A. W. Hedrick L.R.

24. FUNERAL DIRECTOR Wm. J. Chatman, Jr. - 1201 W. Fayette ADDRESS Balto. Md.

VS. A15

MARYLAND

03355

STATE DEPARTMENT OF HEALTH

3375 CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8403 Beryl Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville; STREET ADDRESS (If rural, give location) 8403 Beryl Road

3. NAME OF DECEASED (Type or Print): (First) Mrs. Mary (Middle) (Last) Hazelwood

4. DATE OF DEATH: (Month) April (Day) 15th (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 15, 1897

9. AGE last birthday: 57 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Virginia Mc Intyre, 572 Wellbrook Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Previous Coronary Occlusion

(c) Mild Hypertension & Coronary Insufficiency

INTERVAL BETWEEN ONSET AND DEATH: 48hr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 53, to Apr 15 54, that I last saw the deceased alive on Apr 13, 1954, and that death occurred at 7 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank T. Kasik, M D

ADDRESS 9005 Harford Rd

DATE SIGNED 4/15/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Apr. 19 1954

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: April 17. 1954

REGISTRAR'S SIGNATURE: RW

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road

Dr. Kasik
9005 Harford Road

3376 03356

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ESSEX	LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home 928 BENGIES Rd.	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN
	STREET ADDRESS (If rural, give location): 928 Bengies Road

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NORMAN HERRING	April 25 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Colored	WIDOWED	— — 1896	57 ? yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	AT LARGE	EARLAND. N.C.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
SHADE HERRING N.C.	JULIA TREADWELL, N.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Marshall Herring 928 BENGIES. ESSEX-Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
022X	
Immediate cause (a) Ruptured aneurysm of aorta	
DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Massive pulmonary and thoracic hemorrhage	
DUE TO	
(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William Howard M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED April 26, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4/29/54	MT. AUBURN CEMT.	BALTO — Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-30-54	Dan Hedeen	William A. Jackson Funeral Home	916 Dunn

VS. A15A - 5 - 53

3377

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03357

Item 14 film G166 6/4/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Forge; STREET ADDRESS (If rural, give location) 300 Dunkirk Rd.

3. NAME OF DECEASED (Type or Print): (First) JEANNETTE (Middle) M (Last) HERZOG

4. DATE OF DEATH: (Month) 4 (Day) 4 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 8/21/82

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HAIRDRESSER

10b. KIND OF BUSINESS OR INDUSTRY: Beauty Shop-owner

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John S. Darr

14. MOTHER'S MAIDEN NAME: Margaret McAllear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-32-2472A

17. INFORMANT AND ADDRESS: Irma C. German 300 Murdock Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic cardiovascular dis — 5 yr

(c) Arterial hypertension — 10 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thrombosis — 1 wk

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1946, to Apr 4, 1954, that I last saw the deceased alive on Apr 2, 1954, and that death occurred at 12:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick J. Vollmer MD ADDRESS 6100 York Rd Balto 4 DATE SIGNED 4-5-54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 4/7/54

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 4-6-54

REGISTRAR'S SIGNATURE: A W Bedrick

24. FUNERAL DIRECTOR ADDRESS: M. Faher & Sons 401 Suffolk Rd.

55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03358

CERTIFICATE OF DEATH

3378

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
LENGTH OF STAY (in this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pretty Boy Dam Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
STREET ADDRESS (If rural give location) Pretty Boy Dam Rd.

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Anna (Last) Hilse

4. DATE OF DEATH: (Month) 4 (Day) 19 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct 21, 1879

9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Neugebauer

14. MOTHER'S MAIDEN NAME: Anna Langer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Erich Hilse, Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death
4424
Immediate cause (a) C. V. D. disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 45, to Apr 19, 19 54, that I last saw the deceased alive on Apr 19, 19 54, and that death occurred at 6 P, from the causes and on the date stated above.

SIGNATURE (Degree or title) C. M. France M.D. — ADDRESS Parkton Md — DATE SIGNED 4/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/22/54 — NAME OF CEMETERY OR CREMATORY Hereford Baptist — LOCATION (City, town, or county) Hereford — (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-26-54 — REGISTRAR'S SIGNATURE Mrs Howard S. Marklin

24. FUNERAL DIRECTOR J. Scott Brooks — ADDRESS Parkton, Md.

RECEIVED
APR [illegible] 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03359

CERTIFICATE OF DEATH

3379

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton
MARYLAND LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [redacted] Sparks
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) (Last) Hoffman

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: June 6, 1906

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Box factory

11. BIRTHPLACE (State or foreign country): Stewartstown, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Ella Lighty

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 216-24-6731

17. INFORMANT & ADDRESS: Mrs Ora Sterner, Red Lion 3, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 2417 (a) Cor pulmonale - congestive failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) chronic pulmonary fibrosis
DUE TO (c) chronic bronchial asthma

Interval Between Onset And Death: (a) 6 mo. (b) (c) years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March ..., 1948., to April ., 1954 that I last saw the deceased alive on April 13 ., 1954, and that death occurred at ..... 11:05 P.M., from the causes and on the date stated above.

SIGNATURE E B Shenill (Degree or title) M.D. ADDRESS Cockeysville, Md. DATE SIGNED 4/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4-17-54 NAME OF CEMETERY OR CREMATORY Pleasant Grove. LOCATION (City, town, or county) (State) Red Lion, Pa.

DATE REC'D BY LOCAL REGISTRAR 15 April 1954 REGISTRAR'S SIGNATURE Anne Annis Read MacRae

24. FUNERAL DIRECTOR J. Scott Brooks ADDRESS Sparks, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1954
BUREAU V. S.

Film #G164 Item# 9 4/22/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

3380 2411 N. Charles Street, Baltimore 03360

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kingsley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Kingsley Rd.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) LEE (Last) HOFFMAN

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 8, 1882

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Church

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Hoffman

14. MOTHER'S MAIDEN NAME: Ellen Cromwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) –
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Frances Hoffman-Kingsley Rd.-Owings Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: few hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — 1 yr

(c) Myocardial Disease — 2 yrs

420.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerosis

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-48, 19..., to 4-13-54, 19..., that I last saw the deceased alive on 4-12-54, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Reisterstown Md DATE SIGNED 4-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/16/54 — NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem. — LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 4-15-54 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Wm. J. Palmer & Sons — ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

3324 2411 N. Charles Street, Baltimore 03361

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rose mont | LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7833 Alabama Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rose mont
STREET ADDRESS (If rural, give location) 7833 Alabama Ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Ahrn (Last) Holland
4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1954

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH Apr. 3 1908 | 9. AGE last birthday 46 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | 10b. KIND OF BUSINESS OR INDUSTRY Bal. Elec. Co | 11. BIRTHPLACE (State or foreign country) Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George B. Holland. | 14. MOTHER'S MAIDEN NAME Musa Lo Lipley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 212-05-5826
17. INFORMANT AND ADDRESS Mrs. J. Ahrn Holland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute pneumonitis	1 week
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Emphysema	6 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, to April 13, 1954, that I last saw the deceased alive on April 13, 1954, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. Millard Larsen M.D. 1711 Selma Ave. 4/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Apr. 16 1954 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. | LOCATION (City, town, or county) Baltimore Balto. | (State) Md.

DATE REC'D BY LOCAL REG. 4/15/54 | REGISTRAR'S SIGNATURE | FUNERAL DIRECTOR Willis Lawrence | ADDRESS 4510 Liberty Heights Ave

[illegible]

2281

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 63362

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY (in this place) 12 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 720 Ingleside Avenue #28

3. NAME OF DECEASED: (First) WALTER (Middle) B. (Last) HOOK

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 10-19-63

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter & Decorator

10B. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John T. Hook

14. MOTHER'S MAIDEN NAME: Emma Line

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SAW

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) PURULENT BRONCHITIS — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PERNICIOUS ANEMIA — 4 years

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Apr. 2, 1954, to Apr. 14, 1954, and that death occurred at 7:35 AM, from the causes and on the date stated above.

SIGNATURE William B. VanDegrift M.D. — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 4-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 4-16-54 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS Blight Funeral Home, 6009 Harford Road Baltimore 14, Maryland Mildred P. Blight

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Film #G165 Item # 14 2382 WC
5/12/54 mf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03363

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville; LENGTH OF STAY (in this place) 34 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 25 Walker Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville; STREET ADDRESS (If rural give location) 25 Walker

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) (Last) Howard

4. DATE OF DEATH: (Month) (Day) (Year) 4 - 30 1954

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow 8. DATE OF BIRTH: 5-5-1862 9. AGE last birthday 91 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Home 11. BIRTHPLACE (State or foreign country): Baltimore Co. Md 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James O'Linn 14. MOTHER'S MAIDEN NAME: Rachel Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT & ADDRESS: Mrs. Walter Watts - 25 Walker Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO: Art. Sclerosis — 15 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1950, to April 30th, 1954, that I last saw the deceased alive on April 29th, 1954 and that death occurred at 2.40 P.M., from the causes and on the date stated above.

SIGNATURE James A. Miller M.D. ADDRESS Pikesville-Md DATE SIGNED 4/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF May 3-1954 NAME OF CEMETERY OR CREMATORY Druid Ridge LOCATION (City, town, or county) Pikesville, Md (State)

DATE REC'D BY LOCAL REGISTRAR 5-5-54 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR Frank H. Meyer & C. Pikesville ADDRESS

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03364

3383 CERTIFICATE OF DEATH

Reg. Dist. No. 5C

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) 24; HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Beaumont Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; STREET ADDRESS (If rural give location) 9 Beaumont Ave.

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) Tabler (Last) Isaacs

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: April 12, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ellicott City, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alvin Tabler

14. MOTHER'S MAIDEN NAME: Rebecca Reitzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216 18 3553

17. INFORMANT & ADDRESS: Mr. Alvin T. Isaacs 9 Beaumont Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CHRONIC NEPHRITIS. (ARTERIO-(SCLEROTIC) — INTERVAL BETWEEN ONSET AND DEATH: 2 YRS.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) SENILITY. — 5 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12/18/1949 to 4/6/1954 that I last saw the deceased alive on 3/30/1954, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE S. Lloyd Johnson M. D. ADDRESS Catonsville Md DATE SIGNED 4/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial; DATE THEREOF 4/8/54; NAME OF CEMETERY OR CREMATORY: Grace Episcopal; LOCATION (City, town, or county) (State): Elkridge Md.

DATE REC'D BY LOCAL REGISTRAR 4-7-54; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm J. Twomey Sons; ADDRESS: N. Pa. Ave. Balto 17, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06237

CERTIFICATE OF DEATH

3384

Reg. Dist. No. 33

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Owings Mills

LENGTH OF STAY (in this place) 2 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Howard

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City

STREET ADDRESS (If rural, give location) Old Frederick Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Jenkins

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5/3/47

9. AGE last birthday: 6 yrs. yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Jenkins

14. MOTHER'S MAIDEN NAME: Florence McDaniil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute adrenal crisis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Congenital virilizing adrenal hyperplasia accompanied by hypertension	birth
	DUE TO (c) Decerebrated rigidity with symptomatic epilepsy due to bacillary dysentary November 17, 1953	11/17/53

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19/54, to 4/20/54, that I last saw the deceased alive on 4/20/54, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE Harry B. Bunker (DEGREE OR TITLE) M.D. ADDRESS Owings Mills, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4-22-54

NAME OF CEMETERY OR CREMATORY Mt. View

LOCATION (City, town, or county) (State) Alpha, Md.

DATE REC'D BY LOCAL REG. 7/1/54

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR F. C. Higinbothom ADDRESS Ellicott City

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 13 1954
BUREAU V. S.

Film#G164 Item# 12 4/12/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03365

CERTIFICATE OF DEATH

3325

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: English Consul
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2726 Arbutus Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: English Consul
STREET ADDRESS (If rural, give location): 2726 Arbutus Ave

3. NAME OF DECEASED: (Type or Print) (First) Johann (Middle) (Last) Jordan

4. DATE OF DEATH: (Month) (Day) (Year) 4/4/1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	10/20/1888	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Machinist	B & O R. R.	Hungary	USA

13. FATHER'S NAME: Adam Jordan

14. MOTHER'S MAIDEN NAME: Elizabeth Till

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nicholas Jordan 2743 Arbutus Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolism	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Cardio Vascular Disease	3 years.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Mid-thigh amputation left

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
3-16-54	Thrombosis left iliac artery	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 11-5, 1953, to 4-4, 1954, that I last saw the deceased alive on 4-3, 1954, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
John P. Ulrich, Jr.	MD	1227 Wash. Blvd	4-5-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/7/54	Lorraine	Balto. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-5-54	A. W. Hedrich	Wm Cook Inc	1219 St. Paul St

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

03366

3385

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3901 Edgewood Rd.

3. NAME OF DECEASED (Type or Print): (First) Jay (Middle) Stanley (Last) Joseph

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 12/13/1919

9. AGE last birthday 34 yrs.

If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ollie P. Joseph

14. MOTHER'S MAIDEN NAME Clara Silberman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS mother — as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic progressive deterioration, due to — 093.3

Antecedent cause (b) Post-encephalitic syndrome, c quadriplegia

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) —

INTERVAL BETWEEN ONSET AND DEATH: 3/15/-4/21/54

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1954, to 4/21, 1954, that I last saw the deceased alive on 4/21, 1954, and that death occurred at 6 36 A m., from the causes and on the date stated above.

SIGNATURE Melvin M. Udell (Degree or title) M.D. ADDRESS Spring Grove State Hosp. Balto. Md. DATE SIGNED 4/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 4/22/54

NAME OF CEMETERY OR CREMATORY Baltimore Hebrew Cem

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 4-22-54

REGISTRAR'S SIGNATURE A W Heading

24. FUNERAL DIRECTOR ADDRESS Wm. J. Fuhrer & Sons Balto 17, Md.

3386

MARYLAND STATE DEPARTMENT OF HEALTH 03367

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville Post. LENGTH OF STAY (In this place) 35Y2S
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ruth Drug Shop

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22 S.S.
STREET ADDRESS (If rural, give location) 1930 SUNBERRY

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) HERMAN (Last) KALKOWSKI
4. DATE OF DEATH: (Month) 4 (Day) 29 (Year) 1954
5. SEX M.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 4 JULY 1902
9. AGE Last birthday 51 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUMPMAN
10b. KIND OF BUSINESS OR INDUSTRY STEEL MFGR
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME VICTOR KALKOWSKI
14. MOTHER'S MAIDEN NAME JOSEPHINE (?)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-07-7960
17. INFORMANT AND ADDRESS CAROLINE B. KALKOWSKI — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular (c) Disease — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dawson Harbor M.D. Dep. Med. Exam. Dundalk, Md. 4/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 5-3-54
NAME OF CEMETERY OR CREMATORY St. Stanislaus
LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REGISTRAR May 3 · 54
REGISTRAR'S SIGNATURE Dawson L. Harbor
24. FUNERAL DIRECTOR Smith Brothers Funeral Home, Dundalk, Md. ADDRESS

2387

MARYLAND STATE DEPARTMENT OF HEALTH

03368

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 98 Smithwood Ave. Wayne Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 638 W. Fayette St.

3. NAME OF DECEASED (Type or Print): (First) HORACE (Middle) F. (Last) KELLEY

4. DATE OF DEATH: (Month) April (Day) 6, (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Mar. 20, 1868

9. AGE last birthday: 86 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner (Rtd)

10b. KIND OF BUSINESS OR INDUSTRY: Paper Boxes

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jeremiah Kelley

14. MOTHER'S MAIDEN NAME: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-32-0366

17. INFORMANT AND ADDRESS: Mrs. John M. Baker-5508 Montgomery St., Savannah, Ga.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Arteriosclerosis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH:

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1954, to 6 April, 1954, that I last saw the deceased alive on 5 April, 1954 and that death occurred at 12:45 P m., from the causes and on the date stated above.

SIGNATURE: H. E. Grath M.D. (Degree or title) ADDRESS: 1707 Edmondson Ave Catonsville 28 Md DATE SIGNED: 8 April 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/9/54
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 4-9-54
REGISTRAR'S SIGNATURE: a. w. Hedrick
24. FUNERAL DIRECTOR: Wm. J. Nicholas & Sons
ADDRESS: Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03369

3388 **CERTIFICATE OF DEATH** Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Balto. Co. MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cockeysville, Md. | LENGTH OF STAY (in this place) 6 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Md.

STREET ADDRESS (If rural, give location) Oakmont Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
CLARA	ADA	KEYS	April	15	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	July 4, 1876	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Balto. Co. Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Richard Britton	Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Mr. Charles B Keys - Timonium, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
231x Immediate cause	(a) Bronchopneumonia Terminal	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral Hemorrhage	1 yr
	DUE TO (c) Hypertension	unk
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis, Renal.	unk

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ✓

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 11/6 53 to 4/15 54, that I last saw the deceased alive on 4/15 54, and that death occurred at 6:40 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Bennett A. Stacy	M.D.	Cockeysville	4/15/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 19 1954	Poplar Grove	Warren Balto Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
21 April 1954	Irene Armistead MacRae	H.M. Jenkins Sons Co	495 York Rd

APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03370

3389 **CERTIFICATE OF DEATH** Reg. Dist. No. 3

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn

LENGTH OF STAY (in this place) 70 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 6843 Dogwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn

STREET ADDRESS (If rural, give location) 6843 Dogwood Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Lawrence	R.	Kirk	April 25, 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 11, 1884	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farme		Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frederick Kirk	Mollie Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	None	Mrs. Lucy R. Kirk 6843 Dogwood Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

151X

Immediate cause (a) Carcinoma of Stomach with generalized Metastases — INTERVAL BETWEEN ONSET AND DEATH: 6 months.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 13, 1953, to April 25, 1954, that I last saw the deceased alive on April 23, 1954, and that death occurred at 4:00 A m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Edwin L. Pickard, M.D.	8204 Liberty Rd. Balto 7, Md.	4/25/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-28-1954	Evergreen Oak Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-27-54	[illegible] Hedges	G. Howard Strong	3207 W. North Ave.,

Error

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03371

3390

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cost of age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 16 Fosting Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 4315 Madison St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Matilda (Last) Kirkman

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 8 1876

9. AGE last birthday: 78 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Talbot Co. Md

12. CITIZEN OF WHAT COUNTRY? X

13. FATHER'S NAME: Caleb Stewart

14. MOTHER'S MAIDEN NAME: Elenor Sparklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Leldin L. Landis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency — Interval Between Onset and Death: 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Hypertensive Cardio-Vascular Disease — 15 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-22, 1953, to 4-3, 1954, that I last saw the deceased alive on 4-2, 1954, and that death occurred at 6:25 a.m., from the causes and on the date stated above.

SIGNATURE: Wilson K. Gallagher (Degree or title) ADDRESS: 29 W. Catonsville 28 Md. DATE SIGNED: 4-3-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: April 6, 1954

NAME OF CEMETERY OR CREMATORY: Springhill Cemetery

LOCATION (City, town, or county): Catonsville (State): Md.

DATE REC'D BY LOCAL REG.: 4-5-54

REGISTRAR'S SIGNATURE: A W Heath Jr

24. FUNERAL DIRECTOR: John O. Mitchell & Son ADDRESS: 1900 Eutaw Place

JJS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03372

3397 CERTIFICATE OF DEATH Reg. Dist. No. 4/4

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 61 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) WILLIAM (Middle) (NMI) (Last) KISNICK
4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 29, 1894	59 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Fisherman	Commercial	Rock Hall, Maryland	U. S. A.

13. FATHER'S NAME: Herman Kisnick
14. MOTHER'S MAIDEN NAME: Mary Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes	WW-I	215-20-1079	Clin.Rec.,Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X
IMMEDIATE CAUSE (A) CARCINOMA OF LEFT UPPER LOBE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-18-54	Lobectomy	YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I VA attended the deceased from Feb. 10, 1954, to Apr. 12, 1954, ~~that I last saw the deceased~~ ~~alive on~~ ~~and~~ that death occurred at 2:20 A M, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 4-12-54
WILLIAM B. VANDEGRIFT, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-15-54	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-13-54	A W Hedrick	Howard Blight Funeral Home 6009 Harford Rd. Baltimore 14, Maryland Howard G Blight

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Film#G164 Item# 13 4/9/54 emf
Item# 3

MARYLAND 3392 STATE DEPARTMENT OF HEALTH 03373

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON 4 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS CROMWELL BRIDGE RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON 4
STREET ADDRESS (If rural, give location) CROMWELL BRIDGE ROAD

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) LUCINDA (Last) KLING
4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Nov. 14 1880
9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hr: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): PENNA.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown LELAND
14. MOTHER'S MAIDEN NAME: REBECCA LELAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No
(If year, give war or dates of service): NO
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: CURVIN L. KLING - TOWSON, MD. CROMWELL BRIDGE RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4443X
Immediate cause (a) Hypertensive C Vdisease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1954, to April, 1954, that I last saw the deceased alive on April 5, 1954 and that death occurred at 2 10 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lewis C Palmer M.D Baltimore, Md. 4/8/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: April 8, 1954
NAME OF CEMETERY OR CREMATORY: MT. ZION CEM.
LOCATION (City, town, or county) (State): HELLAM, YORK Co. PA.

DATE REC'D BY LOCAL REG.: April 5, 1954
REGISTRAR'S SIGNATURE: Mabel C. Gray
24. FUNERAL DIRECTOR: John Burns Sons, Towson, Md. ADDRESS

APR

5393

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03374 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A-5-53

1. PLACE OF DEATH: Rosewood State Training School

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Owings Mills, Maryland.

USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore City

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN BALTIMORE

STREET ADDRESS (If rural, give location) 621 S. STREEPER ST. ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Kmieciak,	Joseph	E.	4	23	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	S	2/15/38	16 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
CHILD		Baltimore, Maryland.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Kmieciak	Louise Hock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	NONE	Rosewood records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Status epilepsy	30 min.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Microcephalic quadreplegia with symptomatic epilepsy	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Taylor M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 4-23-'54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4-27-54	SACRED HEART CEM.	7401 GERMAN HILL RD. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR:	ADDRESS
		Charles L. Zeiler	901 S. CONKLING ST. BALTO., 24, MD.

MARYLAND 3394 03375 STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PARADISE NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 319 HARLEM LANE

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) (Last) KOLB
4. DATE OF DEATH: (Month) 4 (Day) 11 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH: MARCH 16, 1873
9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN SANDER
14. MOTHER'S MAIDEN NAME: ANNA TISCHAUSSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. Ralph Eller - 17 Elmwood Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 2nd X [redacted] Diabetes Mellitus — Interval Between Onset and Death: 5yrs +

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease — 5yrs+

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19..., to 11 April, 1954, that I last saw the deceased alive on 11 April, 1954, and that death occurred at 6.15 P. m., from the causes and on the date stated above.

SIGNATURE John Nesbitt J. (Degree or title) M.D. ADDRESS 1118 St. Paul St., Baltimore 2, Md. DATE SIGNED 4-12-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4-13-54
NAME OF CEMETERY OR CREMATORY LOUDON PARK
LOCATION (City, town, or county) BALTO. (State) MD.

DATE REC'D BY LOCAL REG. 4/13/54
REGISTRAR'S SIGNATURE T. E. Furry
24. FUNERAL DIRECTOR George A. Farley - Catonsville, Md. ADDRESS

See Film G166 5/19/54 jst

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03376

3395 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural give location) 303 S. Taylor Ave

3. NAME OF DECEASED: (Type or Print) (First) Dora (Middle) (Last) Kroll

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: Nov. 1 - 1874 | 9. AGE last birthday: 79 8/12 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christian Kacher
14. MOTHER'S MAIDEN NAME: Christine Nagel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): —
(If Yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Peter Kroll 1800 N. Chester St. Balto. 13 - Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (420.1)	(A) Coronary occlusion	1 1/2 hr
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteno-sclerotic cardio-	5 yr
	DUE TO (C) vascular disease	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to Apr. 30, 1954, that I last saw the deceased alive on Apr. 22, 1954, and that death occurred at 2.35 P.M., from the causes and on the date stated above.
SIGNATURE Joseph Mack M. D. ADDRESS 423 Eastern Ave-21 DATE SIGNED 4/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 5/3/54 | NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem. | LOCATION (City, town, or county) (State): Eastern Ave. Md.

DATE REC'D BY LOCAL REGISTRAR: 4-30-54 | REGISTRAR'S SIGNATURE: [illegible] Hedrick | 24. FUNERAL DIRECTOR: John J. Connelly. | ADDRESS: Essex 21 Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

Film#G164 Item# 12 4/26/54 emr

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03377

5396 CERTIFICATE OF DEATH Reg. Dist. No. 4C1

1. PLACE OF DEATH.
COUNTY BALTO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MIDDLE RIVER
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS IVY HALL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural give location) 303 TAYLOR AVE

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) F (Last) KROLL

4. DATE OF DEATH: (Month) APRIL (Day) 14 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: JUNE 7-1869
9. AGE last birthday 84 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: STANDARD OIL
11. BIRTHPLACE (State or foreign country): GERMANY ✓
12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: HENRY KROLL SAME AS ABOVE

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Heart Failure	4 days
ANTECEDENT CAUSE (B)	DUE TO (B) arteriosclerotic cardio-	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) vascular disease	5 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948 to Apr. 14., 1954, that I last saw the deceased alive on Apr 12, 1954, and that death occurred at 3:10 AM, from the causes and on the date stated above.
SIGNATURE Joseph Miceli M. D. ADDRESS 423 Eastern ave Balto 21 md DATE SIGNED 4/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 4/17/54
NAME OF CEMETERY OR CREMATORY OAK LAWN
LOCATION (City, town, or county) EASTERN AVE (State) MD.

DATE REC'D BY LOCAL REGISTRAR 4-16-54
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR JOHN G CONNELLY
ADDRESS ESSEX MD.

VS. A11 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

03378

MARYLAND STATE DEPARTMENT OF HEALTH

3397 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium Heights (Cockeysville PO)
STREET ADDRESS (If rural, give location) York Road

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) LOUISE (Last) KULENEK

4. DATE OF DEATH: (Month) April (Day) 28, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 12, 1904

9. AGE last birthday: 49 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John F. Wagner

14. MOTHER'S MAIDEN NAME: Hannah Noriconk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 216-14-4197

17. INFORMANT: Mrs. Thelma Howard, Glen Arm, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9733
Immediate cause (a) Carbon Monoxide Poisoning — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Depression (Mental) — 4 mo.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Rollin L. Hudson M.D. DME. Towson Md 4/28/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 1, 1954
NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery
LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE REC'D BY LOCAL REG. 3 May 1954
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland
ADDRESS

MARYLAND 3398

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

03379
Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) Since Q. I. 1949
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 825, William St

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	EDWIN	W.	HANGLETTIG		4	4	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W	Married	6.12.1885	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insurance		USA	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
August Hanglettig	Caroline —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown	Unknown	Records Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4-30-1

Immediate cause (a) Congestive heart failure — hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chonic and acute obstructive coronary infarction — chr-12yrs

(c) Coronary and generalized arteriosclerosis — ac- hours — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Nov. 1, 1949, to Apr. 3, 1954, that I last saw the deceased alive on Apr. 3, 1954, and that death occurred at 5.05 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Melvin M. Udell	M.D.	Spring Grove St. Hosp., Balto. 28, Md.	4/4/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/7/54	London Park Cemetery	Baltimore,	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-5-54	A W Hedrick	Wm. Cook Inc.,	1217 St. Paul St.

JST

Film #G164 Item # 9 4/23/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

3315

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03380

Reg. Dist. No. 11

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Turners Station
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 602 New Pittsburg Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ Turners Station
STREET ADDRESS (If rural, give location) 602 New Pittsburg Ave.

3. NAME OF DECEASED (Type or Print) (First) Richmond (Middle) V. (Last) Latham

4. DATE OF DEATH (Month) 4- (Day) 13- (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C	Married	April 23, 1895	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Minister		Rhode Island	U.S.

13. FATHER'S NAME Richmond Latham

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Louise L. Latham 602 New Pittsburg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
490 X	
Immediate cause (a) Coronary Sclerosis	4 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Arteriosclerosis & Nephritis	unknown
(c) Hypertensive Heart -	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April 10th, 1954, to April 13th, 1954, that I last saw the deceased alive on April 13th, 1954, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Richmond M.D.	1077 N. Main St. Balto 22	4/14/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-17-54	Mt. Auburn	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-15-54	Redwell Jones	Charles R. Law	802 Madison Ave.

3326

03381
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5602 Camelia av

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 5602 Camelia av

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Carvel (Last) Lehnert

4. DATE OF DEATH (Month) April (Day) 21 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Mch 26 1895

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William C Lehnert

14. MOTHER'S MAIDEN NAME: Caroline Alt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 214 16 8632

17. INFORMANT & ADDRESS: Flossie Lehnert 5602 Camelia av

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardio vascular disease — DUE TO (c)

I 20.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo M. Kieffer M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED April 21 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4-24-54

NAME OF CEMETERY OR CREMATORY Bulls Mah

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. April 24 54

REGISTRAR'S SIGNATURE Geo Kieffer

24. FUNERAL DIRECTOR Geo F Schnabel ADDRESS 3101 Frederick av Balto

RECEIVED
APR 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3399 2411 N. Charles Street, Baltimore 03382

CERTIFICATE OF DEATH

Reg. Dist. No. 143

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place) 29 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 319 Trump Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) 319 Trump Mill Rd

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Lein

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 27-1886

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Balto Co. Employee

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Lein

14. MOTHER'S MAIDEN NAME: Hannah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 211-05-6293 A

17. INFORMANT AND ADDRESS: Mrs George Lein 319 Trumpmill Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular Renal disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1954, to April 28, 1954, that I last saw the deceased alive on April 28, 1954, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H H Baumgardner MD Balto 6 Md 4/29/54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 5/1/54

NAME OF CEMETERY OR CREMATORY: Zion Luth Cem

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: May 1-1954

REGISTRAR'S SIGNATURE: Mona S Reynolds

24. FUNERAL DIRECTOR ADDRESS: Lassahn Funeral Home 7401 Belair Rd

RECEIVED
MAY 4 1954
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3406 CERTIFICATE OF DEATH

03383

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1621 Homestead Street #18

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) W. (Last) LITTLE

4. DATE OF DEATH (Month) April (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Jan. 16, 1895

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Little

14. MOTHER'S MAIDEN NAME: Anna Kisler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 443X

(A) HYPERTENSIVE CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 4 Years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) UNKNOWN

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CORONARY ARTERIOSCLEROSIS; SLIGHT SCARRING OF MYOCARDIUM — Unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that X attended the deceased from Apr.10, 1954, to Apr.11, 1954, that I last saw the deceased on and that death occurred at 4:25 P.M., from the causes and on the date stated above.

SIGNATURE: William B. Vallecilli, M.D. ADDRESS: VAH, FORT HOWARD, MARYLAND DATE SIGNED: 4-12-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 4-15-54 — NAME OF CEMETERY OR CREMATORY: Govans Presbyterian Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 4-13-54 — REGISTRAR'S SIGNATURE: C. W. Redmond

24. FUNERAL DIRECTOR: Ulrich Funeral Home — ADDRESS: 4210 Belair Road, Baltimore 6, Maryland

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03384

3401

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson, Md. | LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson St. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Anne
STATE Maryland COUNTY Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riviera Beach
STREET ADDRESS (If rural give location) Wanda Road

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Ernest (Last) Luttenberger

4. DATE OF DEATH: (Month) 4 (Day) 4 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/2/11

9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Clerical

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lancaster, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Luttenberger

14. MOTHER'S MAIDEN NAME: Pearl Mallory

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Address - Same
Wife-Mrs. Margeret E. Luttenberger

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 002X (a) Pulmonary Tuberculosis; Far Advanced — Interval Between Onset And Death: Approx. 3 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24 ..., 19 54 to 4/4 ..., 19 54, that I last saw the deceased alive on 4/4 ..., 19 54, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE William Luttenberger (Degree or title) M.D. ADDRESS Superintendent Mt. Wilson, Md. DATE SIGNED 4/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 4/7/54 NAME OF CEMETERY OR CREMATORY RIVERVIEW CEMETERY LOCATION (City, town, or county) (State) Lancaster, Penna.

DATE REC'D BY LOCAL REGISTRAR 4/7/54 REGISTRAR'S SIGNATURE Helen M. Klein

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons, ADDRESS North & Pa. Baltimore, Md.

VS. A15

RECEIVED
1954
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

·3402

CERTIFICATE OF DEATH

03385 Reg. Dist. No. 3

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chattalonanee
LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chattalonee
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Charles (Middle) Edward (Last) [redacted] Lyon

4. DATE OF DEATH: (Month) Apr (Day) 5 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 22 Mar 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): University Professor

10b. KIND OF BUSINESS OR INDUSTRY: Foreign Service

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: James Lyon

14. MOTHER'S MAIDEN NAME: Fannie Moncure Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1st World War

16. SOCIAL SECURITY NO.: none.

17. INFORMANT & ADDRESS: Mrs C E Lyon, Owings Mills Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 443X
(a) Hypertensive Cardiovascular Disease — Interval Between Onset And Death: 3 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Apr, 1954, to 5 Apr, 1954, that I last saw the deceased alive on 4 Apr, 1954, and that death occurred at 4 a m, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Hamner Range M D Rockville Md 5 Apr 54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Apr 6 1954 — NAME OF ~~CEMETERY~~ OR CREMATORY: Green Mount — LOCATION (City, town, or county) (State): Balto., Md

DATE REC'D BY LOCAL REGISTRAR: 4-5-54 — REGISTRAR'S SIGNATURE: C W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Hilkerkins & Sons 6495 Yorke

VS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

3408

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03386

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson	LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 Murdock Rd.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
	STREET ADDRESS (If rural, give location) 202 Murdock Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
KATHARINE		MATTHAEI	April	9	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	Jan. 21, 1877	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John C. Hettche	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	none	Mrs. Helene Seipelt-110 Glen Argyle Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
443 X	
Immediate cause (a) Uremia	4 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage	5 days
(c) Arteriosclerotic C.V. disease & hypertension	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 1951, to Apr, 1954, that I last saw the deceased alive on Apr 6, 1954, and that death occurred at 5.22 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Howard R Zepp	M.D.	427 Stephens Rd Baltimore	4/10/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/12/54	Woodlawn Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 10 1954	K.L.	Wm. J. Richards & Sons	Baltimore 17 Md.

VS. A15

3404 **MARYLAND STATE DEPARTMENT OF HEALTH** 03387

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Glenarm Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
STREET ADDRESS (If rural, give location) Glenarm Rd

3. NAME OF DECEASED (Type or Print): (First) Sister Mary (Middle) Jovita (Last) Mayer

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 5 1876

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Mayer

14. MOTHER'S MAIDEN NAME: Elisabeth Narr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Sr. Mary Clara Notch Cliff, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial degeneration — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to April 20, 1954, that I last saw the deceased alive on April 13, 1954, and that death occurred at 5.20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles F. O'Donnell M.D. ADDRESS: 7501 York Rd DATE SIGNED: 4-20-54,

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 4-22-54 — NAME OF CEMETERY OR CREMATORY: Villa Maria Cem. — LOCATION (City, town, or county) (State): Notch Cliff nr Towson, Md.

DATE REC'D BY LOCAL REG.: 4-21-54 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Charles S. Feiler ADDRESS: 901 S. Conkling St. Balto. 24, Md.

151

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3405 CERTIFICATE OF DEATH

03388

Reg. Dist. No. 36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ■refully. The correct age is especially important. Physicians: please write the ■aus■ of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 304 Garden Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
   STREET ADDRESS (If rural give location): 304 Garden Road

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) (Last) McANINLEY

4. DATE OF DEATH: (Month) (Day) (Year) April 6, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: August 28, 1883

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick Welsh

14. MOTHER'S MAIDEN NAME: Mary Jane Devlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Eileen Naulty, 304 Garden Rd., Towson, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 8 Aug. 1953

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma R. Breast 3yrs ago

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 24 1953, to 6 Apr. 1954, that I last saw the deceased alive on 6 Apr. 1954, and that death occurred at 3.10 pm, from the causes and on the date stated above.

SIGNATURE: R.W. Gellard (Degree or title) M.D. — ADDRESS: 4 Ford Rd. Balto. Md. — DATE SIGNED: 6 Apr. 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 10, 1954 — NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery — LOCATION (City, town, or county) (State): Darby, Penna.

DATE REC'D BY LOCAL REGISTRAR: April 7, 1954 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland — ADDRESS

APR 8 1954

Film 3164 Item# 11, 14, 15 4/22/54 emf

3406

03389

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Towson
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 528 E. Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE California COUNTY Los Angeles
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Whittier
STREET ADDRESS (If rural, give location) 10-749 Avonbury Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) Neil (Middle) Diebold (Last) Miley

4. DATE OF DEATH: (Month) (Day) (Year) April 9, 1954 19

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10/8/1908

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Electric Tools

11. BIRTHPLACE (State or foreign country): Butte, North Dakota

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August Philip Miley

14. MOTHER'S MAIDEN NAME: Catherine Diefold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO.: 472-05-3773

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Hypertensive cardiovascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Cerebral Hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Willis Woodall M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 4/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | **DATE THEREOF** Apl. 12, 1954 | **NAME OF CEMETERY OR CREMATORY** Greenmount Cemetery | **LOCATION** (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. April 12, 1954 | **REGISTRAR'S SIGNATURE** Mabel C. Gray | **24. FUNERAL DIRECTOR** ADDRESS John Burns' Sons, Towson, Maryland

RECEIVED
APR 13 1
BUREAU V. S.

MARYLAND

3407

STATE DEPARTMETT OF HEALTH

03390

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR HOSPITAL OR INSTITUTION OR STREET ADDRESS: Baltimore-Mickle Road
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: ~~Balto~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 5942 Glen Kirk Road

3. NAME OF DECEASED (Type or Print): (First) Mr. (Middle) Joseph (Last) Miller

4. DATE OF DEATH: (Month) April (Day) 3rd (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 131879

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY: B. & O.R R

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Rosalie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Rosalie Miller, 5942 GlenKirk Road #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinomatosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) adenocarcinoma of lung, brain

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953 to April, 1954 that I last saw the deceased alive on 4-3, 1954 and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Morris J. Krumbein, M.D

ADDRESS: 913 East Belvedere Ave

DATE SIGNED: 4/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Apr. 6/1954

NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4-5-54

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Leonard J. Ruck

ADDRESS: 5305 Harford Road #14

55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3408 CERTIFICATE OF DEATH

03391
Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODLAWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2016 OAK DRIVE, #7.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODLAWN
STREET ADDRESS (If rural give location) 2016 OAK DRIVE, #7.

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) A. (Last) MONTGOMERY

4. DATE OF DEATH: (Month) APRIL (Day) 7, (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: FEB. 15, 1912

9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: GULF OIL CORP.

11. BIRTHPLACE (State or foreign country): PA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ROBERT G. MONTGOMERY

14. MOTHER'S MAIDEN NAME: EDITH HEFFNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES ✓ (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY NO.: 216-05-5658

17. INFORMANT & ADDRESS: MRS CATHERINE MONTGOMERY, 2016 OAK DRIVE #7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 4/7/54

420.1
Immediate cause (a) CORONARY THROMBOSIS
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. ..., 1951, to 4/7, 1954, that I last saw the deceased alive on 4/1, 1954, and that death occurred at 8 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Elmer E. Cook MD — ADDRESS 3629 Edmondson Ave., Balto — DATE SIGNED 4/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF APR. 12/54 — NAME OF CEMETERY OR CREMATORY NEW BALTO. NATIONAL — LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE REC'D BY LOCAL REGISTRAR 4-7-54 — REGISTRAR'S SIGNATURE D.W. Hedrick

24. FUNERAL DIRECTOR Henry H. Weitzel — ADDRESS 4101 EDMONDSON AVE.

VS. A15

3411 N. Clinton St.

MARYLAND 3409

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

03392 Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
MARYLAND
LENGTH OF STAY (in this place) 4½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore X
STREET ADDRESS (If rural, give location) 1203 Lake Ave

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Oscar (Last) MORRIS

4. DATE OF DEATH (Month) 4 (Day) 6 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Aug. 18, 1891

9. AGE Last birthday 62 yrs. If under 1 year Months. If under 1 day Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. Unknown

17. INFORMANT AND ADDRESS Records, Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.1

Immediate cause (a) Cardiac Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial hypertrophy + degeneration

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gangrene, left big toe

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 18, 1953, to April 6, 1954, that I last saw the deceased alive on April 6, 1954, and that death occurred at 5:45a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sara E. Bennett, M.D. ADDRESS Spring Grove State Hospital DATE SIGNED 4-6-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE April 9-1954 NAME OF CEMETERY OR CREMATORY Moreland Memorial Park LOCATION (City, town, or county) (State) Baltimore Co. Md.

DATE REC'D BY LOCAL REG. 7-5X REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR Burgee Funeral Home ADDRESS 323 Falls Road

Horace F. Burgee

MARGIN RESERVED FOR BINDING

3418

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 03393

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
   LENGTH OF STAY (in this place): 190 Days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural give location): 755 Dover Street

3. NAME OF DECEASED: (First) WALTER (Middle) A (Last) Jackson Morsell

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 9-4-91

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Jackson

14. MOTHER'S MAIDEN NAME: Katie Morsell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) CARCINOMA OF THE SIGMOID — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Oct. 13, 1953 to April 21 1954 and that death occurred at 7:20 PM, from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M.D. — ADDRESS: VAH, Fort Howard, Maryland — DATE SIGNED: 4/22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 4-24-1954 — NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: April 24 1954 — REGISTRAR'S SIGNATURE: L.W

24. FUNERAL DIRECTOR — ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe St., Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

3411 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03394 Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Hall Md; LENGTH OF STAY (in this place) 12 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4018 Schroeder Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Hall Balto Co Md; STREET ADDRESS (If rural, give location) 4018 Schroeder Ave

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) N. (Last) Most

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct 10 1884

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto City Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles White

14. MOTHER'S MAIDEN NAME: Sophia Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Catherine Schroeder Ave 4018

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) H 20.C Arteriosclerotic Heart Disease — Interval Between Onset and Death: 10 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1954, to April 7, 1954, that I last saw the deceased alive on April 7, 1954 and that death occurred at 21. m., from the causes and on the date stated above.

SIGNATURE: Adam J Lewis (Degree or title) M.D. ADDRESS: 6232 Belair Rd, Balto, Md DATE SIGNED: April 8, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 4/10/54; NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem; LOCATION (City, town, or county): Balto; (State): Md

DATE REC'D BY LOCAL REG. 4/9/54; REGISTRAR'S SIGNATURE: W M Hammett; 24. FUNERAL DIRECTOR: Lansdale Funeral Home; ADDRESS: 7401 Belair Rd

VS. A15

APR 13 19[illegible]
BUREAU V. S.

MARYLAND

3412

STATE DEPARTMENT OF HEALTH

03395

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 6yr. 10mo. 28days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1703 E. 29th Street ✓

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) Mowbray

4. DATE OF DEATH (Month) April (Day) 22, (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 8-11-1878

9. AGE last birthday 75 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? —USA—

13. FATHER'S NAME Thomas John Mowbray

14. MOTHER'S MAIDEN NAME Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY No. 213-03-8066A

17. INFORMANT AND ADDRESS Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cardiac failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart disease

(c) Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

(a) ....

(b) yrs.

(c) yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17- ....., 19.54, to 4-22- ....., 19.54., that I last saw the deceased alive on 4-22- ....., 19.54., and that death occurred at 10:55 a.m., from the causes and on the date stated above.

SIGNATURE Ethel B. Herrmann-Greene M.D. (Degree or title)

ADDRESS Spring Grove State Hospital Catonsville 28, Maryland

DATE SIGNED 4-22-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 4-24-54

NAME OF CEMETERY OR CREMATORY Spring Hill Cem

LOCATION (City, town, or county) Balto

(State) Md

DATE REC'D BY LOCAL REG. 4-25-54

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Leonard J Ruck

ADDRESS 5305 Harford

Film#G164 Item# 13,14
4/26/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3413 CERTIFICATE OF DEATH

03396

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTHBROOK
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7838 WYNBROOK RD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTHBROOK
STREET ADDRESS (If rural, give location): 7838 WYNBROOK RD.

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) A. (Last) NEHUS

4. DATE OF DEATH (Month) (Day) (Year): APR. 14, 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JULY 30, 1867

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWORK

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown ROHDE

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: MRS. CATHERINE BAST SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) bronchial pneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) congestive heart failure	1 day
	(c) arteriosclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1954, to April 14, 1954, that I last saw the deceased alive on April 13, 1954, and that death occurred at 8 45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Burton V. Fork M.D.
ADDRESS: 2936 E. Baltimore St
DATE SIGNED: 4/16/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 4-17-54
NAME OF CEMETERY OR CREMATORY: OAK LAWN CEM.
LOCATION (City, town, or county) (State): 7225 EASTERN BLVD. MD.

DATE REC'D BY LOCAL REG.: 4-20-54
REGISTRAR'S SIGNATURE: A. W. Hedrick L.R.
24. FUNERAL DIRECTOR: Charles S. Feiler
ADDRESS: 901 S. CONKLING ST, BALTO. 24, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

3414 CERTIFICATE OF DEATH 03397

FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cold Bottom Rd; MARYLAND; LENGTH OF STAY (in this place) 2 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sparks

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cold Bottom Rd; STREET ADDRESS (If rural, give location) Sparks

3. NAME OF DECEASED (Type or Print): (First) MATTIE (Middle) (Last) Nelson

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: — 1887

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Delmer Barlow Cold Bottom Rd Sparks Balto Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis with acute decompensation.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. M. France M.D. Parkton Md. 4/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: April 12-1954

NAME OF CEMETERY OR CREMATORY: Bel Air Mem. Gardens

LOCATION (City, town, or county) (State): Bel Air, Harford, Md.

DATE REC'D BY LOCAL REG.: April 11, 1954

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Martin G. Hertz ADDRESS

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

3415 2411 N. Charles Street, Baltimore 03398

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Washington
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1215 W. Lake Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Washington
STREET ADDRESS (If rural, give location) 1215 W. Lake Ave.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) G. (Last) Newbar

4. DATE OF DEATH: (Month) 4 (Day) 2 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4-15-1878

9. AGE last birthday: 75 years — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Roger Wahl

14. MOTHER'S MAIDEN NAME: Anna --------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wm. H. A. Newbar 1215 W. Lake Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 42010 Myocardial Infarction — Interval Between Onset and Death: Two days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis Coronary Disease — Two years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) —

(COUNTY) —

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct., 1952, to April, 1954, that I last saw the deceased alive on 4/2, 1954, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R. R. Brown, M.D. ADDRESS: 1606 Reedy Ave. -9 DATE SIGNED: 4/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-5-54

NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery

LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE REC'D BY LOCAL REG. 4-8-54

REGISTRAR'S SIGNATURE: A. W. Hedrick - L.L.

24. FUNERAL DIRECTOR: Chas F. Evans & Son ADDRESS: 118 W. Mt. Royal Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03399

3416 CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville
LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2940 Harford Rd.

3. NAME OF DECEASED: (First) George (Middle) W. (Last) Nickum
4. DATE OF DEATH (Month) April (Day) 14 (Year) 1954
5. SEX Male
6. COLOR OR RACE: White
7. ~~SINGLE MARRIED~~ WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: Sept. 18 - 1874
9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months 6 Days — IF UNDER 24 HRS. Hours — Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Manager,
10B. KIND OF BUSINESS OR INDUSTRY Crown Cork & Seal
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Geo. W. Nickum
14. MOTHER'S MAIDEN NAME: Almire Frederick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4-2-2-1
IMMEDIATE CAUSE (A) Heart failure — 2 mos.
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Cardio
DUE TO (C) Vascular Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar ..., 1954 to April 14, 1954 that I last saw the deceased alive on April 14, 1954, and that death occurred at 10 P. M. from the causes and on the date stated above.
SIGNATURE Hattie T. Rees M. D. ADDRESS Cockeysville Md DATE SIGNED 4/14/54

23. BURIAL, CREMATION, ~~REMOVAL (SPECIFY)~~ DATE THEREOF 4/17/54 NAME OF CEMETERY OR CREMATORY London Pk LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/19/54 REGISTRAR'S SIGNATURE Laura M. Schroeder 24. FUNERAL DIRECTOR Wm. Cook ADDRESS St Paul & Preston St

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 20 1954
BUREAU V.

3417

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03400

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Glenmore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg; STREET ADDRESS (If rural, give location) 2 Glenmore Ave.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) R. (Last) NIES

4. DATE OF DEATH: (Month) April (Day) 23, 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 10, 1898

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COOK

10b. KIND OF BUSINESS OR INDUSTRY: restaurant

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Nies

14. MOTHER'S MAIDEN NAME: Kate Haiger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. J. R. Nies, 2 Glenmore Ave., Balto. 6, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 30 m

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Myocarditis — Several Yrs.; (c) Nephritis — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7, 19 54, to April 23, 19 54 that I last saw the deceased alive on April 23, 19 54 and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert M. Foster M.D. ADDRESS 2 E. 24 St. Paul St. DATE SIGNED April 24-54

23. BURIAL, CREMATION, REMOVAL (Specify): burial; DATE THEREOF: 4/26/54; NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery; LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: Apr 24-1954

REGISTRAR'S SIGNATURE: Mrs. M. F. Reifsnider

24. FUNERAL DIRECTOR: Lasenby Funeral Home ADDRESS: 7401 Belair Rd.

RECEIVED
APR 29 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 3418 03401

CERTIFICATE OF DEATH

Reg. Dist. No. 4-[illegible]

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 341 Yale Ave. √

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) M (Last) PARKS

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1-2-95

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant

10B. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Parks

14. MOTHER'S MAIDEN NAME: Sarah Duffy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes √ (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

IMMEDIATE CAUSE (A) PULMONARY EDEMA AND ATELECTASIS;

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) OBSTRUCTION OF BRONCHI BY MUCUS. DUE TO OPERATION FOR IMPLANTATION OF URETERS IN (C) SIGMOID COLON DUE TO CARCINOMA OF THE BLADDER

INTERVAL BETWEEN ONSET AND DEATH: SUDDENLY / UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3/30/54 - 4/1/54

19B. MAJOR FINDINGS OF OPERATION: Bilateral Ureterosigmoidostomy

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1954, to April 1, 1954, [redacted] and that death occurred at 4:37 PM, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 4-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/5/54

NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

LOCATION (City, town, or county) (State) 4300 Old Frederick Rd. Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 4/5/54

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS Harry H. Witzke, 4101 Edmondson Ave. Balto. Md.

03402

MARYLAND 3419

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 4 months 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 2107 Clifton Ave ✓

3. NAME OF DECEASED (Type or Print): (First) Irving (Middle) W. (Last) PEARCE
4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 1954
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 1.28.1915
9. AGE last birthday: 39 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver
10b. KIND OF BUSINESS OR INDUSTRY: Sun Paper
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Mr. Harrison PEARCE
14. MOTHER'S MAIDEN NAME: Louisa ENEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Louise R. Pearce 3928 Flowerton Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute cardiac decompensation
241X Antecedent cause(s) (b) chronic bronchial asthma — 20 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.7. ..., 1953, to 4.24 ..., 1954, that I last saw the deceased alive on 4.24 ..., 1954, and that death occurred at 12 15 P.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Gertrude J. Fleischmann M.D ADDRESS Spring Grove St. Hosp. DATE SIGNED 4.24.54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Apr. 28/54
NAME OF CEMETERY OR CREMATORY Loudon Pk
LOCATION (City, town, or county) (State) Balto. Co. Md.
DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE L.L. a.w. Hedrick
24. FUNERAL DIRECTOR Henry A. Whitlife ADDRESS 4101 Edmondson Ave

MARGIN RECEIVED FOR BINDING

MARYLAND

3420

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
LENGTH OF STAY (In this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Albert (Last) Peeling

4. DATE OF DEATH: (Month) April (Day) 23, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 18, 1868

9. AGE last birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer self employed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joshua Peeling

14. MOTHER'S MAIDEN NAME: Amanda Raver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Harry L. Hammond, White Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive cardiac failure — Interval between onset and death: 2 wks.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) arterio sclerotic cardio vascular disease — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 April, 1954, to 23 April, 1954, that I last saw the deceased alive on 22 April, 1954, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE Walter T. Kerr (Degree or title) M. D. ADDRESS Cockeysville Md DATE SIGNED 24 April 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: April 26/54 | NAME OF CEMETERY OR CREMATORY: Finksburg Cemetery | LOCATION (City, town, or county) (State): Carroll County

DATE REC'D BY LOCAL REG. 4-26-54 | REGISTRAR'S SIGNATURE: Mrs Howard S. Markline

24. FUNERAL DIRECTOR: J.F. Eline & Sons, Reisterstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

RECEIVED
APR 28 1954
BUREAU V. S.

Item 9 f.1. G.16.

3421

03404
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

1. PLACE OF DEATH:
COUNTY Balt. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Upperco - Rural
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balt.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Upperco - Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
William R. PHILLIPS Jr.	April 12 1954	M	W	Married	Feb 15 1934	19 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Sheet Steel Mfg	Sheet Metal	Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William R. Phillips Jr.	Evelyn Lee Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	213-52-1178	Wm. R. Phillips Jr. Upperco Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Fractured Skull DUE TO Lacerated Scalp.	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Falling tree	10 min.
	(c)	10 min.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
None	None	

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Farm	21c. (City or town) Upperco	(County) Balto.	(State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☒ Not while at work ☐	21f. HOW DID INJURY OCCUR?
Apr 12 '54 10:55 A.M.		Dead tree fell & struck him across head.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Eyler M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-14-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-17-54	Mt. Carmel	Balto Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-14-54	Harry B. Elsner	Earl Gaffin	Reisterstown Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 1 - 53

RECEIVED
BUREAU V. S.

3422

03405

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greenspring Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Greenspring Ave.

3. NAME OF DECEASED (Type or Print) (First) Bessie (Middle) May (Last) Price

4. DATE OF DEATH (Month) (Day) (Year) April 11, 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH May 12, 1893

9. AGE Last birthday 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Francis Gemmill

14. MOTHER'S MAIDEN NAME Corvilla Rebecca Hipsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Raymond S. Price, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — 10 yrs.

(c) Art. Sclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23, 1953, to 4/11, 1954, that I last saw the deceased alive on 4/11, 1954 and that death occurred at 9:P. m., from the causes and on the date stated above.

SIGNATURE James A. Miller M.D. (Degree or title) ADDRESS Pikesville, Md DATE SIGNED 4/12/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE April 14/54

NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery

LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REG. 4-13-54

REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR ADDRESS J.F. Eline & Sons, Reisterstown, Md.

RECEIVED
APR 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03406

3423 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4 1

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1927 Wilson Point Rd.	STREET ADDRESS (If rural, give location) 1927 Wilson Point Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	THOMAS	PRICE	April	22	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	July. 16. 1886	67 years yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stock Loss Investigator.	Esso St. Oil	Baltimore Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William T. Price	Louisa A. Schulze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		212-09-0167	Mrs. Katherine Price 1927 Wilson Pt. Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	10 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 22, 1954, to April 22, 1954, that I last saw the deceased alive on April 22, 1954, and that death occurred at 9 17 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis Lemenoff	MD	1437 Fuselay Ave, Balto 20, Md	4/22/54

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr 26 1954	Oak Lawn Cemetery	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/26/54	A.W. Hedrick	HENRY SANDER & SONS. INC. Baltimore Md.	Geo. F. Sander.

03407

MARYLAND 3424 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 312 North Paca Street ✓

3. NAME OF DECEASED (Type or Print): (First) MORRIS (Middle) (Last) RABINOWITZ

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: December 2, 1893

9. AGE last birthday: 60 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown - unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Jacob Rabinowitz

14. MOTHER'S MAIDEN NAME: Bertha - Maiden name unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-II

16. SOCIAL SECURITY No.: 216-16-2022

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331.1

Immediate cause (a) CEREBRAL HEMORRHAGE — 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Apr. 21, 1954, to Apr. 23, 1954, ~~I last saw the deceased~~ and that death occurred at 2:55 P. m., from the causes and on the date stated above.

SIGNATURE: William B. VanDegrift (Degree or title) M.D. ADDRESS: VAH, FORT HOWARD, MARYLAND DATE SIGNED: 4-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 4-27-54 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 4-27-54 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Howard Blight Funeral Home, by Mildred T. Blight | ADDRESS: 6009 Harford Road, Baltimore 14, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03408

3425 CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Overlea
LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Willow Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural give location) 15 Willow Ave

3. NAME OF DECEASED: (Type or Print) John P. Repetz
4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH. Jan 24 1895
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mantainence
10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.
11. BIRTHPLACE (State or foreign country): Shamokin Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Repetz
14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 174 01 1848
17. INFORMANT & ADDRESS: John J. Repetz Bushkill Dr. Easton Penna

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
IMMEDIATE CAUSE (A) Rupture of the left Auricle from a Myocarditis due to Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3 1954, to April 23 1954, that I last saw the deceased alive on April 21, 1954, and that death occurred at 1230 PM from the causes and on the date stated above.
SIGNATURE [signature] M. D. ADDRESS DATE SIGNED April 24 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF April 27-54
NAME OF CEMETERY OR CREMATORY St John Cem.
LOCATION (City, town, or county) (State) Fraeland Penna.

DATE REC'D BY LOCAL REGISTRAR April 24 1954
REGISTRAR'S SIGNATURE R. W.
24. FUNERAL DIRECTOR Reppel Bros. ADDRESS 7110 Belair Rd.

3426

03409

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) Since 4/1/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Catonsville 28, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore 28 COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 2120 Frederick Road

3. NAME OF DECEASED (Type or Print): (First) George (Middle) M. (Last) Righter

4. DATE OF DEATH: (Month) 4 (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9/28/1862

9. AGE last birthday: 91 yrs.
If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Pennsy. R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Righter

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic myocardial disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis

(c) Senility

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 1:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bruno Radauskas, M.D. ADDRESS Spring Grove State Hospital DATE SIGNED 4/16/1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 4/19/54
NAME OF CEMETERY OR CREMATORY: London Park
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 4/16/54
REGISTRAR'S SIGNATURE: T. E. Harry

24. FUNERAL DIRECTOR ADDRESS: MacDabb & Son

MARGIN RESERVED FOR BINDING

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5/14/54 emf

3427

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03410

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
County BALTIMORE
City or town RIDGELY, MD.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 YRS
Hospital, institution, or street address where death occurred:
8633 ROCK OAK RD.
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County BALTIMORE
City or town RIDGELY, MD.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 8633 ROCK OAK RD.
(If rural, give LOCATION)
2.(a) If veteran, name war .....

3.(a) FULL NAME JOSEPH BALDWIN RIGNEY

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWER.

6.(b) Name of husband or wife SUSIE M. RIGNEY
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) AUG 21, 1882 76

8. AGE: Years	Months	Days	If less than one day
77			..... hrs. ..... min.

9. Birthplace MARYLAND. (Town, county, and state)
10. Usual occupation RETIRED STATION ATTENDANT
11. Industry or business SHERWOOD BROS

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN

16. Informant Ella R. Frameton
Address 8633 Rock Oak Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 3, 1954 (month) (day) (year)
Cemetery or crematory Woodlawn
Location Woodlawn, Md

18. Funeral director Austin E. Donovan
Address 3818 Roland Ave.

19. May 1st 1954 (Date rec'd by registrar) Q.W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29 1954, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/ 1954 to 4/29 1954
and that I last saw h[illegible] alive on 4/29 1954

Immediate cause of death CEREBRAL EDEMA
Due to UREMIA
Due to ARTERIO-SCLEROSIS
Other conditions 334.X
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy recalls .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Gordon Gram M.D. M. D. or other
Address R.F.D. 3 LOCH RAVEN BLVD. Date signed 4/29/54

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct and complete. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

3428 2411 N. Charles Street, Baltimore 03411

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE (19) | LENGTH OF STAY (In this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3205 RIVER DRIVE Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAME
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELIZABETH (Last) ROBERTS
4. DATE OF DEATH: (Month) 4- (Day) 17 (Year) 19 54
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH OCT. 12, 1879
9. AGE last birthday 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) WALES
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME (?) ROCHES
14. MOTHER'S MAIDEN NAME UNK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MARGARET HARRIS — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
6) 2X Immediate cause	(a) Uremia	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pyelonephritis, Renal calculi	7 yrs
	(c) Rheumatoid arthritis	32 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 52 to April, 19 54, that I last saw the deceased alive on April 16, 1954, and that death occurred at 1:35 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert Sandler	MD	2900 Truman Rd	April 17 '54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4-20-54	DENNISON	WILKES-BARRE, PA.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 27-54	Dawson L. Parker	Wallis Bucki Bradley	Dundalk, Md.

RECEIVED
APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03412

3429

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland
LENGTH OF STAY (in this place) 8mos. 10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 11,
STREET ADDRESS (If rural give location) 3330 Chestnut Avenue

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) William (Last) Robinson, Sr.

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11/17/02

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months 5 Days 11 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Worker

10B. KIND OF BUSINESS OR INDUSTRY: Mfg. Storm Windows

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Thomas Robinson

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-10-1997

17. INFORMANT & ADDRESS: Harry William Robinson, Sr. 3330 Chestnut Ave., Balto. 11, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis; Far Advanced — INTERVAL BETWEEN ONSET AND DEATH: Approx. 5 years

ANTECEDENT CAUSE (B) DUE TO Pulmonary Tuberculosis; Far Advanced — Approx. 5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Spontaneous Pneumothorax — 2 days.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20, 1953, to 4/28, 1954, that I last saw the deceased alive on 4/28, 1954, and that death occurred at 5:33 PM, from the causes and on the date stated above.

SIGNATURE William Newcomer — ADDRESS Wm. Newcomer, M.D. Supt., Mt. Wilson, Md. — DATE SIGNED 4/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 5/3/54

NAME OF CEMETERY OR CREMATORY: Balto. National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 4/28/54

REGISTRAR'S SIGNATURE: Nola M. Kerr

24. FUNERAL DIRECTOR ADDRESS: Mr. Frank W. Seitz - 814 W. 36th St. Balto., 11, Md.

MAY 5
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

3316 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03413

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk-rr
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R/F Patapsco, Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 124 Patapsco Ave.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Benjamin (Last) Roberts (Robison)

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 17, 1877

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Roberts

14. MOTHER'S MAIDEN NAME: Eliza Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-07-6283

17. INFORMANT AND ADDRESS: Karl Roberts 124 Patapsco Ave.

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
42,1 Immediate cause	(a) Arteria Sclerosis Cardio-vascular Disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility.	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓ Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W H Davis MD Dep Med. Exam. Dundalk rr Md 4/8/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 9, 1954 — NAME OF CEMETERY OR CREMATORY: Mt. Carmel — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4-7-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Lilly & Zeiler Inc., 403 S. Wolfe St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03414

3430 CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RANDALLSTOWN
LENGTH OF STAY (in this place): 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MARRIOTTSVILLE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): RANDALLSTOWN - R.D. 1
STREET ADDRESS (If rural give location): MARRIOTTSVILLE RD

3. NAME OF DECEASED: (First) SARAH (Middle) JANE (Last) ROBOSSON (Type or Print)

4. DATE OF DEATH: (Month) 4 (Day) 4 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 4-24-1879

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): Balto. City, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LOUIS VOGELSANG

14. MOTHER'S MAIDEN NAME: MARY HILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): NO

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: ELBERT D. ROBOSSON - HUSBAND,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1
Immediate cause — (a) Cerebral Hemorrhage — 1 mo
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cardio Vascular Disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Mar. ,1954, to 4/4/, 1954, that I last saw the deceased alive on 4/4/54, 19..... and that death occurred at 11 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Wm. E. Martin, M.D. — Randallstown Md — 4/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) — **DATE THEREOF** — **NAME OF CEMETERY OR CREMATORY** — **LOCATION** (City, town, or county) (State)
Burial — 4-7-54 — Ward Chapel — Wards Chapel, Md.

DATE REC'D BY LOCAL REGISTRAR — **REGISTRAR'S SIGNATURE**
4/5/54 — Wm. E. Martin

24. FUNERAL DIRECTOR — **ADDRESS**
Frank H. Mead & Sons — Randallstown

BUREAU V. S.
APR 7
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03415

3431 CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Middle River
LENGTH OF STAY (in this place): 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ivy Halls Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 12 Y-
STREET ADDRESS (If rural, give location): 12 Oak ST. Edgewood. MD

3. NAME OF DECEASED: (First) Mattie (Middle) C. (Last) Rollins

4. DATE OF DEATH: (Month) April (Day) 1st (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed.

8. DATE OF BIRTH: Dec 22nd. 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Balto. Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Wilkinson

14. MOTHER'S MAIDEN NAME: Katherine Eary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Self F. 4/12/51

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

151X

Immediate cause (a) CARDIAC FAILURE — Interval between onset and death: 12 HRS

DUE TO RHEUMATOID CARDIOVALVULAR DISEASE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE

DUE TO

(c) CARCINOMA, GASTRIC — 2 YRS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Apr. 1, 1954, that I last saw the deceased alive on April 1, 1954, and that death occurred at 4:10 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Colin Lemonff MD 1437 Fuselage Ave Balto 20, Md 4/1/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4-3-54

NAME OF CEMETERY OR CREMATORY: Belair Memorial Cem.

LOCATION (City, town, or county) (State): Belair MD.

DATE RECD BY LOCAL REG.: 4-2-54

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: Lassahn Funeral Home 7401 Belair Rd. Balto. 6. MD

MARYLAND STATE DEPARTMENT OF HEALTH

03416

3432

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43 -

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea; MARYLAND; LENGTH OF STAY (in this place) 39 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 E Elm Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea; STREET ADDRESS (If rural, give location) 19 E Elm Ave

3. NAME OF DECEASED (Type or Print): (First) Sophie (Middle) C (Last) Rouse

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec 12-1865

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Fred Laughter

14. MOTHER'S MAIDEN NAME: Caroline Schierley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss Pauline Rouse. 19 E Elm Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ch. Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c) Arterio Sclerosis

INTERVAL BETWEEN ONSET AND DEATH: 1 Year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: No

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to April 27, 1954, that I last saw the deceased alive on April 20, 1954, and that death occurred at 8 m., from the causes and on the date stated above.

SIGNATURE: J S Hardesty (Degree or title) MD ADDRESS 3805 Belair Rd Md DATE SIGNED April 27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 4/30/54; NAME OF CEMETERY OR CREMATORY: Balto. Cem; LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: Apr 28 '54; REGISTRAR'S SIGNATURE: Mrs M P Reynolds

24. FUNERAL DIRECTOR: Lassahn Funeral Home; ADDRESS: 7401 Belair Rd

AGRICULTURE
MAY 4 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH 03417

3327 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Tripe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1803 Arbutus Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 1803 Arbutus Ave.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) L. (Last) SARTORIUS

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 22, 1894

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Sartorius

14. MOTHER'S MAIDEN NAME: Emma Ullrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 705-05-2306

17. INFORMANT AND ADDRESS: Mr. George D. Goodman-7212 Dunmanway, Dundalk, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo. McKieffer M.D. Balto 1010 Leadenhall, 4-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 4/24/54 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. April 23 54 | REGISTRAR'S SIGNATURE Geo. McKieffer | 24. FUNERAL DIRECTOR Wm. J. Sikorski & Sons | ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3433 CERTIFICATE OF DEATH

03418

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville, Md — LENGTH OF STAY (in this place): Lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 20 Bloomingdale Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville Md

STREET ADDRESS (If rural give location): 20 Bloomingdale Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
GEORGE	Michael	Schatz	April	4	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	Mar. 15, 1874	80 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Contractor	Building	Catonsville, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Schatz	Margaret Betzold

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	L. Lawrence Schatz, 213 Beaumont Ave. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 422.1

(a) Organized Cardio Vascular Disease — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized Arteriosclerosis — DUE TO

(c)

Interval Between Onset And Death: 3 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1954 to 4-4, 1954, that I last saw the deceased alive on 4-4, 1954, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James Stowell		Catonsville	4-5-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 7 1954	New Cathedral Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/6/54	T.E. Harry	Easton Sons	Catonsville, Md.

VS. A15

RECEIVED
APR 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03419

CERTIFICATE OF DEATH

5317

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Dundalk — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lundalk
STREET ADDRESS (If rural give location) 60 . Lundalk Ave

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Wilhelmina (Minnie) Schlaile

4. DATE OF DEATH: (Month) (Day) (Year) April 16/54 19

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: April 26 1896

9. AGE last birthday: yrs. 57 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Pharmacy

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gottlieb Schlaile

14. MOTHER'S MAIDEN NAME: Rosine Friz

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Bertha Collyer 60 Dundalk Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 194X DUE TO Carcinoma of uterus — Interval Between Onset And Death: 3 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,1952, to 16 April, 1954, that I last saw the deceased alive on 12 April, 1954, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W Barod M.D. 2900 Dundalk Rd 4-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: April 20/54 — NAME OF CEMETERY OR CREMATORY: Mount Carmel Cemetery — LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REGISTRAR: 4-20-54 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR — ADDRESS: Ullrich Funeral Home 2112 Lungalk Ave

JSJ

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

3434 — 2411 N. Charles Street, Baltimore — 03420

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect ages is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville — LENGTH OF STAY (in this place): 35 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8725 Old Harford Road	STREET ADDRESS (If rural, give location): 8725 Old Harford Road

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Helen	M.	Schwanebeck		4	15	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	MARRIED	4-30-1888	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Coleman	Anna Meisingsel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	none	Rudolf Schwanebeck 872[illegible] Old Harford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Arrest	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiomegaly & Myocardial degeneration	7 hrs.
	(c) Hypertensive Cardiovascular Disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25, 1954, to Apr 15, 1954, that I last saw the deceased alive on 4/15, 1954, and that death occurred at 9:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Rauk - M.D.	9005 Harford Rd	4/17/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-19-1954	Parkwood Cemetery	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/17/54	A.M. Bacon	Chas F. Evans & Son	8802 Harford R.

VS. A15

RECEIVED
APR 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03421

3435

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, ✓
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1914 Kennedy Avenue #18 ✓

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) G (Last) SCOTT

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 14, 1893

9. AGE last birthday: 60 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B KIND OF BUSINESS OR INDUSTRY: Piston Company

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel Scott

14. MOTHER'S MAIDEN NAME: Anna Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 219-10-7851

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4-20-54 (A) MYOCARDIAL SCARRING WITH FAILURE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO ARTERIOSCLEROSIS CORONARY ARTERIES WITH OCCLUSION — UNKNOWN

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SLIGHT HYPERTENSION — 5 YEARS

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 9, 1954, to Apr. 11, 1954, that I last saw the deceased [illegible] and that death occurred at 5:40PM, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M.D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 4-12-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 4-14-54 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 4-13-54 — REGISTRAR'S SIGNATURE A W Hardwick

24. FUNERAL DIRECTOR ADDRESS Howard Blight Funeral Home 6009 Harford Rd. Baltimore 14, Maryland

Medred T. Blight

VS. A11—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

3436 2411 N. Charles Street, Baltimore 03422

CERTIFICATE OF DEATH

Reg. Dist. No. 4/0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm Md
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto Co Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Glenarm Md.

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) B. (Last) Shearman
4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1954
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 12-1873
9. AGE last birthday 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Jessie Billingsley
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Lloyd B. Shearman Glenarm Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Congestive Heart Failure — Interval between onset and death: 2 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) arteriosclerotic Heart Disease — 19 yrs.
(c) Bronchiectasis — 19 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1953 to 4/2, 1954, that I last saw the deceased alive on 4-1, 1954, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clifford F. Hudson, M.D. Fork, Md. 4/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 6-54 — NAME OF CEMETERY OR CREMATORY Hough Chapel — LOCATION (City, town, or county) (State) Glenarm Md.

DATE REC'D BY LOCAL REG. April 5-54 — REGISTRAR'S SIGNATURE C. S. Arthur — 24. FUNERAL DIRECTOR C. S. Arthur ADDRESS Fork Md.

D. C. Reg.

APR 1
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03423

3437 CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2809 Linganore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
STREET ADDRESS (If rural give location) 2809 Linganore Ave.

3. NAME OF DECEASED: (Type or Print) (First) MAMIE (Middle) A. (Last) SHIPLEY

4. DATE OF DEATH: (Month) (Day) (Year) April 20, 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 13, 1895

9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: H. C. Johnson

14. MOTHER'S MAIDEN NAME: Harriett Kandall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Mr. Charles L. Shipley, Sr. 2809 Linganore Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1974 IMMEDIATE CAUSE (A) adenocarcinoma of uterus with metastases

ANTECEDENT CAUSE (S) DUE TO (B) —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) —

INTERVAL BETWEEN ONSET AND DEATH: 6 mos

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: Nov. 14, 53

19B. MAJOR FINDINGS OF OPERATION adenocarcinoma of uterus with metastases

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13 ..., 19 53, to 4/20 ..., 19 54, that I last saw the deceased alive on 4/17 ..., 19 54, and that death occurred at 7:35 P.M., from the causes and on the date stated above.

SIGNATURE William D. Jenner M. D. ADDRESS 1100 29th St. DATE SIGNED 4/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/23/54

NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 4-22-54

REGISTRAR'S SIGNATURE C W Hedrick

24. FUNERAL DIRECTOR Wm. J. Vickers ADDRESS Vickers Eastwood

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3438 CERTIFICATE OF DEATH

Reg. Dist. No. 03424 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN X
LENGTH OF STAY (in this place) 68 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural Ecclestou

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ecclestou
STREET ADDRESS (If rural give location) Valley Rd Park Heights Ave

3. NAME OF DECEASED: (Type or Print) (First) EILEN (Middle) WHITRIDGE (Last) SHOEMAKER

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Widowed	Dec 15 1864	89 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Whitridge
14. MOTHER'S MAIDEN NAME: Ellen Ward Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: John A Whitridge Brooklandville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
450.0 Immediate cause	(a) Paroxysmal fibrillation	2 hours.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) arteriosclerosis.	15 years
	DUE TO (c) Diaphragmatic hernia	40 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ..., 1935 to Apr 17, 1954, that I last saw the deceased alive on Apr 17, 1954, and that death occurred at 11 A M -, from the causes and on the date stated above.

SIGNATURE Palmer F. Williams (Degree or title) M.D. ADDRESS Pikesville 8. Md DATE SIGNED Apr. 17-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Apr. 20/54 — NAME OF CEMETERY OR CREMATORY St Thomas — LOCATION (City, town, or county) Garrison Forest (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/22/54 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR, ADDRESS Henry H Jenkins & Sons 4905 York Rd.

RECEIVED
APR 21 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03425

3439 CERTIFICATE OF DEATH

Reg. Dist. No. 3C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 13 mos

HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; STREET ADDRESS (If rural, give location) 5818 Windsor Mill Road

3. NAME OF DECEASED (Type or Print): (First) Mabel (Middle) E. (Last) Shoaf

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 28-1887

9. AGE last birthday: 66 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Timanus

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS: Vernon L. Lauter 5818 Windsor Mill Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Nephritis — Interval Between Onset and Death: 15 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized arteriosclerosis — 5 yrs

(c) Hypertension — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-__, 19 54, to 4-30, 1954, that I last saw the deceased alive on 4-30, 1954, and that death occurred at 10:20 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Earl J. Abbott, Dr. ADDRESS 4509 Edmondson Ave. DATE SIGNED 5-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: May 3. 1954; NAME OF CEMETERY OR CREMATORY: Mt. Olive; LOCATION (City, town, or county): Randallstown; (State): Md

DATE REC'D BY LOCAL REG. 5-3-54

REGISTRAR'S SIGNATURE: A. W. Bedwell

24. FUNERAL DIRECTOR: G. Howard Strong ADDRESS: 3707 W. North Ave

JSI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3440

CERTIFICATE OF DEATH

03426

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use street address or location number especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (If this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 14
STREET ADDRESS (If rural, give location) 7538 Sycamore Ave

3. NAME OF DECEASED (Type or Print): (First) Unnamed (Middle) (Last) Singleton

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 54

5. SEX M | 6. COLOR OR RACE Col | 7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH April 22 54 | 9. AGE last birthday ____ yrs. | If under 1 year: Months ____ Days ____ | If under 24 hrs.: Hours ____ Min. 2 min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Shelton Singleton | 14. MOTHER'S MAIDEN NAME Dennis Yarbrough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Brother 7538 Sycamore Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) unknown — INTERVAL BETWEEN ONSET AND DEATH 2 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____, 19____, to April 22 54, 19____, that I last saw the deceased alive on April 2 54, 19____, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE J. H. Thomas (Degree or title) ADDRESS 107 N. Onion St. Balto 21 DATE SIGNED 4-23-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-23-54 | NAME OF CEMETERY OR CREMATORY Mt. Gen | LOCATION (City, town, or county) Balto Co. (State) Md

DATE REC'D BY LOCAL REG. 4-23-54 | REGISTRAR'S SIGNATURE W W Hedrick | 24. FUNERAL DIRECTOR Samuel W. Sullivan Jr ADDRESS 1011 N. Arlington Ave

1 + 1 2 - 1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3441

03427

Reg. Dist. No. 3 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and complete answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Towson
LENGTH OF STAY (In this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 624 Round Oak Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 624 Round Oak Road

3. NAME OF DECEASED (Type or Print): (First) ELSIE (Middle) WINGLER (Last) SITTLER

4. DATE OF DEATH: (Month) April (Day) 20, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 1, 1907

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No / None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Howard L. Sittler, 624 Round Oak Road, Towson 4, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Heart disease, coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertension, cause unknown	Unknown
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Collins C. Hudson (Degree or title) M.D., D.M.E. ADDRESS: Towson Md DATE SIGNED: 4/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: April 23, 1954
NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery
LOCATION (City, town, or county) (State): Towson, Maryland

DATE REC'D BY LOCAL REG.: April 23, 1954
REGISTRAR'S SIGNATURE: Mame E. Gray
24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 03428

3442 CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WOODLAWN
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5322 DOGWOOD RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WOODLAWN
STREET ADDRESS (If rural give location): 5322 DOGWOOD RD.

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) W. (Last) SMITH

4. DATE OF DEATH: (Month) APRIL (Day) 3 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: JAN. 8, 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: O.H.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JEFF WADE.

14. MOTHER'S MAIDEN NAME: UNKNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Hypertensive cardiovascular disease

DUE TO

(c)

Interval Between Onset And Death: (a) ~ days; (b) 8-10 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ..., 1949, to April, 1954, that I last saw the deceased alive on Apr. 2, 1954, and that death occurred at 4:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): A. Allan Spies, Md. — ADDRESS: 4408 Loch Raven Blvd. — DATE SIGNED: Apr. 4, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: APR. 6/54 — NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL — LOCATION (City, town, or county) (State): BALTO-MD.

DATE REC'D BY LOCAL REGISTRAR: 4-7-54 — REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR: Harry T. Nitsche — ADDRESS: 4101 EDMONDSON AVE.

Film G165 Item 7
4/28/54 mnb

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03429

3318

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 86 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA. CITY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 224 BALTIMORE AVE.

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) CLIFTON (Last) SMITH
4. DATE OF DEATH (Month) April (Day) 14 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 6, 1876
9. AGE last birthday 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN
10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD
11. BIRTHPLACE (State or foreign country) S. CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm. SMITH
14. MOTHER'S MAIDEN NAME (?) CRIM
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NA
16. SOCIAL SECURITY NO. 703-10-9177
17. INFORMANT AND ADDRESS S. EDITH SMITH — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis acute	3 months
Antecedent cause(s)	(b) Rheumatic tabular heart disease	20 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to April 14, 1954, that I last saw the deceased alive on April 11, 1954, and that death occurred at 9 P m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Ward H. Andrews M.D. ADDRESS 33 Dundalk Ave Dundalk Md 21222 DATE SIGNED 4/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE 4-17-54
NAME OF CEMETERY OR CREMATORY NORTHWOOD
LOCATION (City, town, or county) (State) PHILA., PENNA

DATE REC'D BY LOCAL REG. April 16 1954
REGISTRAR'S SIGNATURE William M. Kelly
24. FUNERAL DIRECTOR Walter Brooks Bailey ADDRESS Dundalk, Md.

RECEIVED
APR 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03430

CERTIFICATE OF DEATH

3443 Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
LENGTH OF STAY (in this place): 253 days - 22 yr - 9 mos - 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR: Baltimore
STREET ADDRESS (If rural give location): 721 South Broadway

3. NAME OF DECEASED: (First) Henry (Middle) (Last) Smith
4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 10, 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Smith
14. MOTHER'S MAIDEN NAME: Sarah Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no
16. SOCIAL SECURITY No.: 218-03-7777
17. INFORMANT & ADDRESS: Personal History, Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) 002X Pulmonary Tuberculosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malnutrition
DUE TO
(c)
Interval Between Onset And Death: 2 1/2 yrs ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27, 1952 to 4/30, 1954, that I last saw the deceased alive on 4/30, 1954, and that death occurred at 2:45 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milton B. Kress MD. Eudowood Sanatorium - Towson 4, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-3-54
NAME OF CEMETERY OR CREMATORY: London Park Cemetery
LOCATION (City, town, or county) (State): Balto. Md.
DATE REC'D BY LOCAL REGISTRAR: MAY 2 1954
REGISTRAR'S SIGNATURE: Mabel C. Bray, Com.
FUNERAL DIRECTOR: Huntington Williams Mort. A. Christine Brzezinski
ADDRESS: 1407 Eastern Ave Balto

Cert. signed by permission of M.E. Dr. R. Hudson.

VS. A15

RECEIVED
MAY. 4 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03431

2411 N. Charles Street, Baltimore

3319 CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 904 Wise Ave

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) (Last) Stachowski
4. DATE OF DEATH: (Month) April (Day) 9th (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	May-15th,1898	55 yrs.	10	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packing Co,.
10b. KIND OF BUSINESS OR INDUSTRY: Geo. Stratman
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Kensicki
14. MOTHER'S MAIDEN NAME: Lena Glombowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-03-4962
17. INFORMANT AND ADDRESS: Stanislaus James Stachowski 904 Wise Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
411 Immediate cause (a)	Cardiac failure	2 years.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Rheumatic heart disease and	?
(c)	Generalized arterio-sclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948., to April ....., 1954, that I last saw the deceased alive on April 5 ....., 1954., and that death occurred at 4 ..... A..m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert E. Farber M.D. Sparrows Point, Md 4-9-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: April 12-1954
NAME OF CEMETERY OR CREMATORY: Sacred Heart Of Mary
LOCATION (City, town, or county) (State): German Hill Road Balt, Co.

DATE REC'D BY LOCAL REG.: April 9-54
REGISTRAR'S SIGNATURE: Dawson L. Harbin
24. FUNERAL DIRECTOR: George G. [illegible] ADDRESS

APR 12 1954

BUREAU V. S.

Film#G164 Item# 14 4/21/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

3444 — 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03432

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6200 Marglenn Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural, give location) 6200 Marglenn Ave.

3. NAME OF DECEASED (Type or Print): (First) Charles F. (Middle) (Last) Steinkraus

4. DATE OF DEATH: (Month) April (Day) 8, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: July 30, 1879

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. Freight

10b. KIND OF BUSINESS OR INDUSTRY: Penn. Railroad

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Henry Steinkraus

14. MOTHER'S MAIDEN NAME: Louise unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 717-07-7800

17. INFORMANT AND ADDRESS: Mrs Shelton G. Sawyer — Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 4291 Coronary Occlusion — Interval Between Onset and Death: immediately

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic myocarditis — 7 years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 16, 1954, to April 8, 1954, that I last saw the deceased alive on April 8th, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: L. L. Gordy M.D. (Degree or title) — ADDRESS: 6706 Hoopand Road — DATE SIGNED: 4-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 10 1954 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG. 4-9-54 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR: Henry Sander & Sons Inc. — ADDRESS: Baltimore Maryland — Henry Sander

VST

MARYLAND STATE DEPARTMENT OF HEALTH

03433

3445

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Holmehurst Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 5 Holmehurst Ave.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) M. (Last) Steinwedel

4. DATE OF DEATH: (Month) (Day) (Year) April 17, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 10, 1869

9. AGE last birthday: 84 yrs. If under 1 year: Months 11 Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home duties

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eilingsfeld

14. MOTHER'S MAIDEN NAME: Elizabeth Bayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Edwin A. Steinwedel 26 Holmehurst Av

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cardio Vascular collapse — Interval Between Onset and Death: 3days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Thrombosis Arteriosclerosis — 2 [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ..., 1954 to 4/17 ..., 1954, that I last saw the deceased alive on 4/17 ..., 1954, and that death occurred at 4:30P m., from the causes and on the date stated above.

SIGNATURE: Damian P. Alagia (Degree or title) M.D ADDRESS 336 Winchester Av DATE SIGNED 4/18/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4-20-54

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 4-19-54

REGISTRAR'S SIGNATURE: A W Redmond

24. FUNERAL DIRECTOR: Chas R. A. Cole ADDRESS: 1918 W. Balto. St

55

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cover page is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

3446 — 2411 N. Charles Street, Baltimore — 03434

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Balto Co. — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 6819 Loch Raven Blvd — LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6819 Loch Raven Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) #67 Lynch Rd.

3. NAME OF DECEASED (Type or Print): (First) E. (Middle) John (Last) Stratmann

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 6th 1892

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck Farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo. H. Stratmann

14. MOTHER'S MAIDEN NAME: Sophia M. Lange

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. E. J. Stratmann 67 Lynch Rd. Balto 22 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-Vascular Hemorrhage — Interval Between Onset and Death: 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 4 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952, to April 13, 1954, that I last saw the deceased alive on April 12, 1954 and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

J. Emmett Green M.D. Med. Arts Bldg - Balto. md 4/15/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4/16/54 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery — LOCATION (City, town, or county) (State): Balto. Co. Md

DATE REC'D BY LOCAL REG. 4-15-54 — REGISTRAR'S SIGNATURE: Ora Hedrick — 24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd

Film #G164 Item # 13,14
4/20/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

3447 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03435

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN O'Donnell Heights
STREET ADDRESS (If rural, give location) 1407 Mosander Way.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wallace	Wilson	Stuart	4 -	7	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	2/24/1924	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tire Fitter	Beth. Steel	Virginia	

13. FATHER'S NAME: Oscar Stuart
14. MOTHER'S MAIDEN NAME: Ella Bell Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes / WW II	229-16-3108	Martha Jane Stuart (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured Skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Route #40 -	White Marsh -	Balto	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
4 - 7 - 54 3:30 p.m.		Car hit a tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. J. Davis MD		White Marsh Md	4/8/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-12-1954	U.S. Balto Nath Cem.	Balto Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-12-54	H. Rod Hadnick Deputy.	Thos J. Connelly	418 Eastern Ave Balto 21 Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03436

3448

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville
LENGTH OF STAY (in this place) 14 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Md
STREET ADDRESS (If rural give location) 2911 Windsor Ave

3. NAME OF DECEASED: (Type or Print) (First) Priscella (Middle) May (Last) Snatzbaugh

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: April 18 - 1875
9. AGE last birthday 78 yrs.
IF UNDER 1 YEAR: Months 11 Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel F. Cox
14. MOTHER'S MAIDEN NAME: Mary Post

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X IMMEDIATE CAUSE	(A) Cerebral Vascular accident	8 Days
ANTECEDENT CAUSE (B)	DUE TO (B) arteriosclerosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ... , 1954, to April 12 1954, that I last saw the deceased alive on April 12, 1954 and that death occurred at 2 A.M. from the causes and on the date stated above.
SIGNATURE Walter T. Rees M.D. ADDRESS Cockeysville Md DATE SIGNED April 14/54

23. BURIAL, CREMATION, ~~REMOVAL~~ (SPECIFY) | DATE THEREOF 4-15-54 | NAME OF CEMETERY OR CREMATORY Meadow Ridge | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-14-54 | REGISTRAR'S SIGNATURE L. M. Schroeder | 24 FUNERAL DIRECTOR Wm. Cook, St. Paul & Preston St. | ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 20 1954
BUREAU V. S.

03437

MARYLAND 3449 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY Baltimore · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural, give location) Anderson Ave

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) R. (Last) Talbott

4. DATE OF DEATH (Month) 4 (Day) 22 (Year) 1954

5. SEX Male

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 6-28-1880

9. AGE last birthday 73 yrs. If under 1 year Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY FOR SELF

11. BIRTHPLACE (State or foreign country) Maryland Hanover

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Howard Talbott.

14. MOTHER'S MAIDEN NAME Catherine Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N/A (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinoma of prostate with metastases to vertebra — Interval Between Onset and Death: Uncertain

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 5 Yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1949, to April 22, 1954, that I last saw the deceased alive on April 22, 1954, and that death occurred at 4 00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick T. Phelps MD ADDRESS Spring Grove Hosp DATE SIGNED 4/22/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 4/24/54

NAME OF CEMETERY OR CREMATORY St Augustines Cem.

LOCATION (City, town, or county) Elkridge (State) Md.

DATE REC'D BY LOCAL REG. 4-27-54

REGISTRAR'S SIGNATURE W W Hebeler

24. FUNERAL DIRECTOR John J. Cowan & Son

ADDRESS Woodlawn

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03438

3450 CERTIFICATE OF DEATH

Reg. Dist. No. ... ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2336 Druid Hill Avenue

3. NAME OF DECEASED: (Type or Print) (First) LEMUEL (Middle) (Last) THORNTON

4. DATE OF DEATH (Month) April (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-2-01

9. AGE last birthday 52 yrs
IF UNDER 1 YEAR Months ... Days ...
IF UNDER 24 HRS. Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver

10B. KIND OF BUSINESS OR INDUSTRY. Civil Service

11 BIRTHPLACE (State or foreign country): Raleigh, North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Thornton

14. MOTHER'S MAIDEN NAME: Cynthia Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 218-01-4553

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF THE LUNGS — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO INTRA-ABDOMINAL HERNIA NON-OBSTRUCTED

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1954, to April 8, 1954, that I last saw the deceased alive on ..., and that death occurred at 9:55PM, from the causes and on the date stated above.

SIGNATURE JAMES J. NOLAN James J Nolan M.D. ADDRESS VAH, FT HOWARD, MD DATE SIGNED 4/9/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4-12-1954
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR April 10, 1954
REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Arlington S. Phillips
ADDRESS 1808 N. Monroe St. Baltimore 17, Md

Film#G164 Item# 9 4/19/54 emf

MARYLAND 3451

03439

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (In this Place) 1 year 11 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto (Arbutus).
STREET ADDRESS (If rural, give location) 5646 Carville Avenue.

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) J. (Last) THORNTON
4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 11/7/1867
9. AGE last birthday 86 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Michael Kelley.
14. MOTHER'S MAIDEN NAME Mary Brodigan. Balto
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Michael Klein 5646 Carville Ave 27

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 450.0 Bronchopneumonia.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/20 ., 19 53, to 4/10, 19 54, that I last saw the deceased alive on 4/10, 19 54, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Spring Grove State Hospital, Catonsville 28, Md, OR Coroner M.D 4/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE April 13-54 | NAME OF CEMETERY OR CREMATORY Lorraine Park | LOCATION (City, town, or county) Windsor Mill Rd. (State) Md.

DATE REC'D BY LOCAL REG. 4/12/54 | REGISTRAR'S SIGNATURE Mrs. Helena Gertrude | 24. FUNERAL DIRECTOR Perry | ADDRESS 5646 Carville Ave 27

Dup.

03440

MARYLAND 3328 **STATE DEPARTMETT OF HEALTH**

BALTIMORE CITY

CERTIFICATE OF DEATH

Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print): Estell Truedell — Baltimore Co. — 2. DATE OF DEATH: April 24 1954

3. PLACE OF DEATH: A Baltimore CITY, Maryland — Craddock Nursing Home

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1900 North Fred ave Walthorpe MD

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 207 N. Ann Street
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D STREET ADDRESS (If rural, give location): 207 N Ann St

5 SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	colored	Widow	Oct.-25-1898	55		

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Domestic	Home work	Baltimore	USA

13. FATHER'S NAME: John Truedell

14 MOTHER'S MAIDEN NAME: Bertha Truedall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no			Mildred Jackson	207 N.Ann St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertention

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES ☐ NO ☐

22. *I hereby certify that I attended the deceased from* April 22, 1954 *to* April 24, 1954 *that I last saw the deceased alive on* April 23 1954 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thos Woolridge M. D.	R4 Box 212 Elkridge Md	4-25-1954

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/28/1954	Mt Calvery Cem.	Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	(L a. W. Hedrick)	Elroy Wilson	1000 Brantley Ave

PLEASE WRITE WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Film #G165 Item# 3, 23, 14, 13, 17
5/10/94 emf

03441

MARYLAND STATE DEPARTMENT OF HEALTH

3452 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
MARYLAND LENGTH OF STAY (In this place) 1yr. 2mo. 23days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 2619 Nicholson Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hazel	Ruth	Vance	April 30, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hr. Hours	Min.
Female	White	Widowed	6-11-1892	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Ohio	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown James Franks	Unknown Lulu Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	Unknown	Mary Jane Umbel, Records Spring Grove State Hospital 61 Simon Drive, New Castle Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
540.0 Immediate cause	(a) Surgical Shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) due to gastroenterostomy	
	(c) due to bleeding peptic ulcer	

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-29-54	Pyloric bleeding ulcer-- Gastroenterostomy performed	Yes ( ) No X

21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ( ), Inspection ( ), Inquiry (✓) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes (✓) accident ( ), suicide ( ), homicide ( ), undetermined ( ).*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Jos. Kieffer MD	1010 Lexington Bldg. Balto	April 30, 54

REAL CREMATION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 3, 1954	Washington Nat'l Cem.	Suitland, Pr. Geo. Co., Md.

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-30-54	T. E. Farm	W. W. Chambers Co.	5801 Cleveland Riverdale, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15A

MAY 3 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03442

3453 CERTIFICATE OF DEATH

Reg. Dist. No. 4 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LONG GREEN
LENGTH OF STAY (in this place) 43 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MANOR ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LONG GREEN
STREET ADDRESS (If rural give location) MANOR ROAD

3. NAME OF DECEASED: (Type or Print) (First) LILLIAN (Middle) B. (Last) WARFEL

4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: DEC. 12, 1868

9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CHARLES H. EDWARDS

14. MOTHER'S MAIDEN NAME: AMANDA BAKER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: MR. U.G. WARFEL ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Chro. Myocardial Insufficiency 422.1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Arteriosclerosis 4 yrs
(c)

Interval Between Onset And Death: 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from . . . , 19 12, to April 20 1954, that I last saw the deceased alive on April 20, 1954 and that death occurred at 11:50 P.M. from the causes and on the date stated above.

SIGNATURE Walter M. Hammett (Degree or title) ADDRESS Baldwin DATE SIGNED 4-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 4-24-1954 | NAME OF CEMETERY OR CREMATORY TRINITY | LOCATION (City, town, or county) LONG GREEN (State) MD.

DATE REC'D BY LOCAL REGISTRAR 4-22-54 | REGISTRAR'S SIGNATURE W. M. Hammett

24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. ADDRESS 4405 YORK RD. BALTO., MD.

VS. A15

RECEIVED
MAY 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03443

3320 CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 | LENGTH OF STAY (In this place) 34
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2506 Ambler

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere (19)
STREET ADDRESS (If rural, give location) 2918 Salisbury Ave

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) Johanna (Last) Weber
4. DATE OF DEATH: (Month) 4 (Day) 16 (Year) 1954

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 1-26-1888 | 9. AGE last birthday: 66 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Horung | 14. MOTHER'S MAIDEN NAME: Barbara (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): No | 16. SOCIAL SECURITY NO.: 213-09-2838B | 17. INFORMANT AND ADDRESS: Chas. W. Weber — Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular 5 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fibrosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to April 16, 1954, that I last saw the deceased alive on [illegible], 1954 and that death occurred at 7:40 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

[illegible] MD — Dundalk, Md — 4/16/54

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE 4-20-54 | NAME OF CEMETERY OR CREMATORY Moreland | LOCATION (City, town, or county) Balto Co. | (State) Md.

DATE REC'D BY LOCAL REG. April 16-1954 | REGISTRAR'S SIGNATURE William M Kelly | 24. FUNERAL DIRECTOR Walter Brooks Brady | ADDRESS Dundalk Md

RECEIVED
APR 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03444

3321 **CERTIFICATE OF DEATH** Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8115 Long Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 8115 Long Point Road

3. NAME OF DECEASED: (Type or Print) (First) Anne (Middle) Gordon (Last) Williams

4. DATE OF DEATH: (Month) 4/ (Day) 11 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	12/23/1913	40 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Westinghouse Electric Co

11. BIRTHPLACE (State or foreign country): Balto, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Chappell

14. MOTHER'S MAIDEN NAME: Lillian Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Arthur J. Williams 8115 Long Point Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Arrest	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Multiple Sclerosis	2-3 yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 11/53 to 4/11, 1954, that I last saw the deceased alive on 4/10, 1954, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Arnold A. Hampton M.D. 4/12/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/14/54	Lorraine	Balto. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-13-54	W. McCue	Wm. Cook Inc.	2174 Insul St.

Dunk-

03445

MARYLAND STATE DEPARTMENT OF HEALTH

3454 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS formerly of (If rural, give location) 604 Hilton Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Hiram	O.	Williams	4-26-		1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Oct. 29, 1876	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Factory Manager		Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
~~Unknown~~ George W. Williams	~~Unknown~~ S/ Belle -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown		Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteris sclerotic Cardiovascular disease

902,1 (c) Pneumonia right

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental disease senile

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Balto. City		Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
April 7, 54 3a m.		fell out of bed

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE	(Degree or Title)	ADDRESS	DATE SIGNED
Ver McKeffee MD	Resident Phys	Balto Co	1010 Leadenhall 4/27/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/30/54	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/28/54	A. F. Hodgich M.D.	Wm. J. Sidney & Sons	Balto 17, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03446

3455

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: Balto. Co. — Catonsville
COUNTY — MARYLAND
CITY (If outside corporate limits, write RURAL OR aud give nearest town) TOWN — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 32 Shipley Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: Md.
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location): 32 Shipley Ave.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Frank Wilson

4. DATE OF DEATH: (Month) (Day) (Year): 4/23 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 6/27/78

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md. USA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Tom Wilson

14. MOTHER'S MAIDEN NAME: Margaret Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Dalphine Wilson 32 Shipley Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Mitral Insufficiency — Interval Between Onset and Death: 1 yr. 5 mo. 6 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Hypertensive Arterio-sclerotic Heart Disease ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Ch. Nephritis — 6 mo.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-8-, 19.52 to 4-22-19.54, that I last saw the deceased alive on 4-22-, 19.54, and that death occurred at 7.00 A. m., from the causes and on the date stated above.

SIGNATURE: C. F. Maloney — (DEGREE OR TITLE) M.D. — ADDRESS: 57 Winters Lane Catonsville — DATE SIGNED: 4/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/26/54 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: April 24 1954 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Geo. B. Kelson — ADDRESS: 1303 Presstman St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03447

3456 CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 613 Stevenson Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural give location): 613 Stevenson

3. NAME OF DECEASED: (First) Margaret (Middle) Agnes (Last) Winslow

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 23, 1895

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York State

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Timothy Murphy

14. MOTHER'S MAIDEN NAME: Anna Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Mr. Frank E. Winslow 613 Stevenson Lane

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Cerebral Hemorrhage (Natural) — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1949, to 4-13, 1954 that I last saw the deceased alive on Oct., 1951, and that death occurred at 7 P. M, from the causes and on the date stated above.

SIGNATURE: Charles F. O'Donnell M.D — ADDRESS: 7501 York Rd. Towson — DATE SIGNED: 4/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal — DATE THEREOF: 4/15/54 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cem. — LOCATION (City, town, or county) (State): South Glen Falls, N. Y.

DATE REC'D BY LOCAL REGISTRAR: 4-15-54 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR: Wm. J. Pickens & Sons — ADDRESS: Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03448

3329 CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4941 Cedar Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural, give location) 4941 Cedar Ave.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) G. (Last) YEAGLE

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 19, 1890

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Police

10b. KIND OF BUSINESS OR INDUSTRY: Balto. City

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Yeagle

14. MOTHER'S MAIDEN NAME: Ella Kerr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: --

17. INFORMANT AND ADDRESS: Mrs. Lydia R. Yeagle - 4941 Cedar Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 420.1 Myocardial Infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis

(c) Hypertension A.S.C.V.D.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1952, to 4/16, 1954, that I last saw the deceased alive on 4/13, 1954, and that death occurred at 6:25 A m., from the causes and on the date stated above.

SIGNATURE John C. Healy (Degree or title) MD ADDRESS Hauchorne, Md DATE SIGNED 4/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/19/54 | NAME OF CEMETERY OR CREMATORY: Meadowridge Cem. | LOCATION (City, town, or county) (State): Howard Co., Md.

DATE REC'D BY LOCAL REG.: April 17 1954 | REGISTRAR'S SIGNATURE: R.W.S.

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS: Balto 17, Md

03449

MARYLAND 3457

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) Since 2.19.35
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3 V 0 1-4
STREET ADDRESS (If rural, give location) 1740 E. Lanvale St

3. NAME OF DECEASED (Type or Print) (First) JULIA (Middle) ELIZABETH (Last) YINGER

4. DATE OF DEATH (Month) 4 (Day) 22 (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH 2.16.1886

9. AGE last birthday 68 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY ---

11. BIRTHPLACE (State or foreign country) USA Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Ballentine Zischel

14. MOTHER'S MAIDEN NAME Katherine Ulrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY No. Unknown

17. INFORMANT AND ADDRESS Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X
Immediate cause (a) Bilateral pleural effusion & pulmonary atalectasis — Interval Between Onset and Death: 1 mo plus

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Metastatic plaural carcinoma — months
260 X
(c) Carcinoma of right breast — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 9 yrs plus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-22-, 19 54, to 4-22-, 19 54, that I last saw the deceased alive on 4.2[illegible], 1954, and that death occurred at 10:15 p. m., from the causes and on the date stated above.

SIGNATURE Ethel B. Herrmann-Green (Degree or title) M.D.
ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED 4-22-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/26/54
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REG. April 24, 1954
REGISTRAR'S SIGNATURE B.W.

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons
ADDRESS Balto 17, Md.